Today
The magazine of the Medical College of Georgia
Summer 2007
Volume 35 Number 1

Doing the Math

MCG EXPLORES SEVERAL STRATEGIES TO INCREASE PHYSICIAN OUTPUT

STAT!

MCG LEADERS PROPOSE SOLUTIONS TO STATEWIDE TRAUMA CRISIS

When the Going Gets Tough

CRYOPRESERVATION TECHNIQUES OFFER NEW HOPE FOR PREGNANCY

Today

Dear Readers,

The numbers don't add up.

Georgia's population is one of the fastest-growing in the country, that growth rate is the steepest among those age 65 and older—and there aren't enough physicians to take care of them all.

The entire nation faces a physician shortage, but the problem is particularly acute in Georgia, due to several factors outlined in the cover story of this edition of MCG Today *(Doing the Math, page 10)*.

As Georgia's health sciences university, MCG is the designated leader for assessing health care needs statewide and proactively adapting to meet those needs. Seldom in the history of the state have those needs been more urgent. Georgia needs more physicians, and fast. This edition of *MCG Today* outlines the strategies already in place, and those being considered, to meet the challenge.

The magazine also outlines another challenge: the lack of a coordinated trauma network in Georgia. Read on to learn how your proximity to a Level 1 trauma center can mean the difference between life and death.

But don't stop there. Keep reading to be reminded that, despite health care challenges statewide and beyond, MCG continues to make great strides in its mission of improving health and reducing the burden of illness in society. Read, for instance, about exciting advances in fertility treatment. And check out the photo galleries of homecoming, commencement and the ribbon-cutting of MCG's new Health Sciences Building—proof positive that challenges notwithstanding, MCG has never been more dynamic.

–Editor

In this issue...

Doing the Math

MCG EXPLORES SEVERAL STRATEGIES TO INCREASE PHYSICIAN OUTPUT

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NEWS BRIEFS

PROGRAMS LAUDED

MCG's graduate nursing and physician assistant programs have been ranked among the top graduate health care programs in the country. In its 2008 list of America's Best Graduate Schools, *U.S. News and World Report* magazine ranked MCG's nursing programs 55th out of 435 graduate nursing programs nationwide and its master of physician assistant program 26th out of 73.

The annual rankings, based on peer assessments of deans, other administrators and faculty at accredited degree programs and schools in each discipline, were published in the April 9 issue of the magazine.

"We are honored to be among the top nursing programs in the nation," said Dr. Lucy Marion, dean of the School of Nursing. "This ranking serves as recognition for the vision and the hard work invested by our faculty, staff and university administrators. It also serves as validation that we are in line with our mission to prepare nurses as outstanding health care leaders for the state of Georgia and beyond."

Dr. Shelley Mishoe, dean of the School of Allied Health Sciences, noted that only last year did its physician assistant program transition from a bachelor's level to master's level. "The high ranking reflects the favorable national perception of the quality of our program and our faculty's national leadership roles and reputations," she said.

FACULTY HONORED

MCG presented Outstanding Faculty Awards during its 2007 General Faculty Assembly on April 26.

Honorees were Dr. Bonnie Dadig in the School of Allied Health Sciences, Dr. Henry Ferguson in the School of Dentistry, Dr. Richard McIndoe in the School of Graduate Studies, Dr. William Dynan in the School of Medicine, Dr. Patricia Bowman in the School of Nursing and Peter Shipman in the Robert B. Greenblatt, M.D. Library.

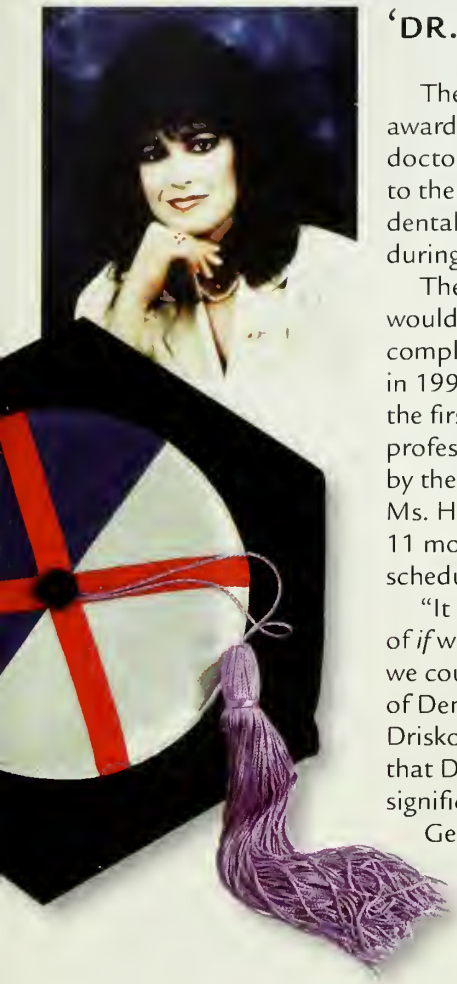
Retiring faculty members also were honored: Franklin Dennison in the School of Allied Health Sciences; Drs. John Ivanhoe and Joseph Konzelman in the School of Dentistry; and Drs. You-Jun Fei, Ralph C. Kolbeck, Patrick Mongan and David Lause in the School of Medicine.

DRS. D. DOUGLAS MILLER (FROM LEFT), WALTER MOORE AND EDWARD KRUSE MATCH WITS.

SHIP-SHAPE

It was smooth sailing during the School of Medicine's April 13 Raft Debate. The event is sponsored annually by the school's Alumni Association to teach sophomores and juniors the pros and cons of medical specialties in a light-hearted way.

School of Medicine Dean D. Douglas Miller moderated the event and Dr. Jerry Buccafusco, professor of pharmacology and toxicology, played devil's advocate to the inhabitants of a sinking raft. The raft mates—Dr. Edward Kruse, assistant professor of surgery; Dr. Walter Moore, internist and associate dean for graduate medical education; and Dr. Jennifer Tucker, assistant professor of emergency medicine—had to make a strong case for their specialties to secure their spot on the raft. The students and other attendees enjoyed their deft and witty attempts to stay afloat. Dr. Tucker ultimately sailed through to victory. The event concluded with a low-country boil.



'DR. DOLLY'

The School of Dentistry awarded a posthumous doctorate of dental medicine to the parents of deceased dental student Dolly Hearn during an April 27 ceremony.

The degree—the one she would have earned had she completed dental school in 1991 as scheduled—is the first posthumous professional degree awarded by the School of Dentistry. Ms. Hearn died in June 1990, 11 months before she was scheduled to graduate.

"It was never a question of *if* we should do it, but *how* we could do it," said School of Dentistry Dean Connie Drisko. "We have no doubt that Dolly would have made significant contributions to Georgia dentistry, and now she can forever be known as Dr. Dolly."

"WE HAVE NO DOUBT THAT DOLLY WOULD HAVE MADE SIGNIFICANT CONTRIBUTIONS TO GEORGIA DENTISTRY, AND NOW SHE CAN FOREVER BE KNOWN AS DR. DOLLY."

–DEAN CONNIE DRISKO

DENISE'S LEGACY

The family of Denise Tuten, who died in March 2005 after two kidney transplants, has donated $271,000 to establish the Denise Tuten Endowment at MCG Health System to help patients raise medication funds to be eligible for a transplant.

The family began to raise funds, "Dollars for Denise," in the mid-1970s when Denise was an infant. Her father, William, an Augusta police officer at the time, contacted the Police Officers' Association of Georgia to help pay for $89 bus tickets to and from Boston for treatment. The request led to fundraisers that yielded more than $92,000, a show of generosity that the family chose to perpetuate in Denise's honor.

COMMUNITY RALLIES FOR CMC

The local Children's Miracle Network Celebration Broadcast, which aired on NBC Augusta June 2-3, celebrated a total of $937,147 raised in the past year to benefit MCG Children's Medical Center programs and services.

"We're very proud to be part of this community. And thanks to your generosity, you have told us how glad you are to have us here, too," said Connie Guinn, CMN director. "Thanks to the generosity of our community, our families, our staff and NBC 26, this has truly been one of our most successful celebrations ever."

During the weekend alone, pledges and donations totaled $26,353, surpassing last year's pledges and donations by more than $1,400.

Last year's event celebrated donations totaling $922,136. The MCG Children's Medical Center has been a CMN beneficiary since 1986.

DRS. CORLISS DERRICK (LEFT) AND JACQUELINE MILLER

FISH SMARTS

Residents of Underwood Homes, a public housing community in Augusta, recently reeled in advice about healthy fishing from MCG School of Nursing faculty.

Drs. Corliss Derrick and Jacqueline Miller, both School of Nursing assistant professors, used funding from Beta Omicron, the MCG chapter of Sigma Theta Tau, to assess the community's understanding of health issues related to eating fish. They used the research as part of their coursework in the school's doctor of nursing practice program, in which they were among the first nine graduates in May.

The National Center for Environmental Health reported that over its 45-year operation, the Savannah River Site, a nuclear power plant near Aiken, S.C., processed large amounts of radioactive materials that contaminated some areas. Because of the facility's proximity to major streams that feed into the Savannah River, contamination has been transported downstream along the river, including to Underwood Homes residents.

Twenty-three Underwood Homes residents were surveyed about their fishing and fish-eating habits, then taught about issues including healthy portion sizes, the safest species to eat and how to cook them in a healthy way. The information is posted on the Internet, but few Underwood Homes residents have access to computers.

In a follow-up study three months later, the researchers were pleased to find that study participants retained the information.

"Of course we're happy to report our outreach was effective, but even more so to prove that although a lot of information is out there, it is often not available to those who need it most," Dr. Derrick said. "Our pilot study demonstrated the need for more socio-culturally appropriate ways of communicating risk. Community-based risk intervention is a great role for a nurse, a person that people in the community know and trust."

GOING GREEN

Green tea may help protect against autoimmune disease, MCG researchers say.

Dr. Stephen Hsu, a cell biologist and lead investigator, and his colleagues studied an animal model for type I diabetes and primary Sjogren's syndrome, which damages the glands that produce tears and saliva. Both diseases are autoimmune conditions in which the body attacks its own tissues.

Half the animals were given green tea extract for several weeks, the other half water. The tea-consuming group had significantly less salivary gland damage and significantly fewer lymphocytes—a type of white blood cell that gathers at sites of inflammation to fend off foreign cells—after three weeks. Their blood also showed lower levels of autoantibodies, protein weapons produced when the immune system attacks itself.

These results, published in a recent issue of *Autoimmunity*, reinforced findings of a 2005 study showing a similar phenomenon in a Petrie dish, Dr. Hsu said. Further study could help determine green tea's protective role in other autoimmune diseases, including lupus, psoriasis, scleroderma and rheumatoid arthritis.

ENDOWMENT BENEFITS LIBRARY

Xytex International, Ltd., a worldwide leader in assisted reproduction, has established an endowment in memory of founder Dr. Armand Karow at the Robert B. Greenblatt, M.D. Library.

Dr. Karow, who retired from MCG in 1997, died Feb. 6.

He helped establish the first clinical sperm bank in the Southeast at MCG. In 1975, the bank became a private enterprise named Xytex Corp., Inc. Under his direction, it evolved into Xytex International, Ltd., a leader in assisted reproduction.

"Dr. Karow made many contributions to MCG throughout his life," said Betty Meehan, associate vice president for university advancement. "With this generous gift, he will continue to do so in his death. The Greenblatt Library was chosen as the beneficiary because of Dr. Karow's love of books, his frequent use of the library and his respect for Dr. Greenblatt and their shared interests in reproduction and fertility."

HONORING DR. HAMES

MCG's Robert B. Greenblatt, M.D. Library held an exhibit in February to honor an alumnus whose research on cardiovascular disease revolutionized health care.

The Curtis G. Hames Sr., M.D. Exhibit and Manuscript Collection highlighted the career of the 1944 School of Medicine graduate who practiced in Claxton, Ga., for more than 40 years. A companion display is permanently housed in the MCG Department of Family Medicine.

"His commitment to patients led to an excellent rapport with his community, where he saw as many as 50 patients per day," said Dr. Joseph Hobbs, chair of the Department of Family Medicine, vice dean for primary care and community affairs in the School of Medicine and Georgia Academy of Family Physicians J.W. Tollison, M.D. Distinguished Chair of Family Medicine.

Dr. Hames' clinical observations led to the historic Evans County Heart Study, the first National Institutes of Health-sponsored epidemiological project to evaluate the incidence and causes of cardiovascular disease in a racially diverse community. The resulting database has been used internationally to evaluate issues such as the effects of socioeconomic status on death rates of blacks with hypertension.

DR. JOSEPH HOBBS SYNOPSIZES DR. HAMES' ACHIEVEMENTS DURING EXHIBIT RECEPTION.

> "HIS COMMITMENT TO PATIENTS LED TO AN EXCELLENT RAPPORT WITH HIS COMMUNITY, WHERE HE SAW AS MANY AS 50 PATIENTS PER DAY."
> –DR. JOSEPH HOBBS

Even though his research brought international acclaim, Dr. Hames considered himself a small-town physician who was, above all, dedicated to his patients.

"His personal creed during his 40-year medical career was that a true physician should bring to the suffering patient a quiet sense of humility, dignity, confidence and security based on the conviction that all that can be done will be done," said Dr. Hobbs.

In 1981, the Hames Research Chair of Family Medicine was established in his honor. The endowment provides research funds to train family physicians and support family medicine faculty research. The Society of Teachers of Family Medicine also awards the annual Curtis G. Hames Research Award, which honors an individual whose academic career exemplifies dedication to research in family medicine.

MUSIC TO KIDS' EARS

The sixth annual 104.3 WBBQ and 105.7 The Bull Cares for Kids Radiothon raised twice as much money—more than $182,900—as in the previous year. The funds will purchase specialized medical equipment and child-friendly amenities for MCG Children's Medical Center patients.

SLEEP CENTER ACCREDITED

After a comprehensive site visit, the MCG Sleep Disorders Center has become the only sleep program in the Augusta area to be fully accredited by the American Academy of Sleep Medicine.

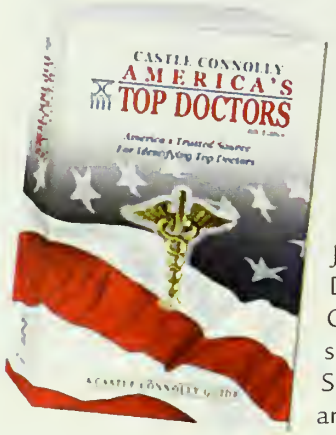
The center provides the full range of services for children and adults, including multidisciplinary evaluation, testing, treatment and follow-up care for any of the more than 80 recognized sleep/wake disorders.

"Accreditation by the AASM is the gold standard for sleep programs, reflecting quality and excellence in sleep disorders medicine," said Dr. Amy Blanchard, medical director of the center. "This accreditation is recognized nationally by patients and physicians alike."

TOP DOCS

Sixteen MCG physicians are included in *America's Top Doctors*, a national patient reference guide published by Castle Connolly Medical Ltd. The book identifies the top 1 percent of physicians in the nation.

The physicians are Drs. Robert J. Adams in neurology, Walter W. Curl in orthopaedics, David C. Hess in neurology, Anand P. Jillella in hematology/oncology, Ronald W. Lewis in urology, C. Lawrence Lutcher in hematology, Bruce MacFadyen in general surgery, D. Douglas Miller in cardiovascular disease, Walter J. Moore in rheumatology, Ana A. Murphy in reproductive endocrinology, Julian Nussbaum in ophthalmology, Dennis R. Ownby in pediatric allergy/immunology, Gregory N. Postma in otolaryngology/head-neck surgery, Kapil Sethi in neurology, Sandra G.B. Sexon in child/adolescent psychiatry and Robert A. Sorrentino in cardiac electrophysiology.



TAILORED TREATMENT

Most postmenopausal women with small breast tumors don't need chemotherapy to reduce their recurrence risk after lumpectomy.

To try to determine who does, the Oncotype DX—a test that measures a tumor's aggressiveness based on its DNA—will be tested nationally in more than 10,000 of these women.

"Because these patients have such small tumors, it's hard to tell who needs chemotherapy," said Dr. Thomas A. Samuel, an MCG hematologist/oncologist and a study principal investigator.

For every 100 postmenopausal women with a small tumor that has estrogen receptors and no sign the disease has spread to the lymph nodes, only about 12 to 15 need chemotherapy to reduce the risk of recurrence, Dr. Samuel said. But no definitive test identifies those 12 to 15, so chemotherapy is standard for all.

The researchers will use the test to analyze the cancer cells' DNA and determine the likelihood of recurrence. If the federally funded study backs up smaller studies, the test likely will become part of the standard of care for this group of women, he says.

The Trial Assigning Individualized Options for Treatment, or TAILORx trial, coordinated by the Eastern Oncology Group, will assign enrollees with the lowest recurrence scores to radiation therapy and hormonal treatment following lumpectomy. Those with the highest will also get chemotherapy. "The debate is in the intermediate risk group. That is where most women fall and the ones where we are not really sure what to do," Dr. Samuel says. That majority of patients will be randomized to either get chemotherapy or not. Participants will be followed for at least five years.

DRS. SCOTT LIND (LEFT) AND THOMAS SAMUEL

THE ULTIMATE GIFT

MCG honored those who donate their bodies to medical research and education at an annual ceremony March 16 on campus. The memorial service allowed MCG medical students to express their appreciation for those who donated their bodies to benefit health sciences education.

"Although we spend much of our time looking at the cadavers as specimens, there are times that it really hits home that this person had a life and family," said second-year dental student Josh Whetzel. "It's overwhelming when we think about their decision to donate themselves to science. We wanted to show that we're grateful for everything they provide us."

HIV FUNDING

MCG has received a five-year, $4.8 million federal grant to enhance access to HIV testing and education.

The successful bid for continued Title III funding from the U.S. Department of Health and Human Services, which administers the Ryan White Comprehensive AIDS Resources Emergency Act, enables the university to increase community-based testing, education and patient service, said Dr. J. Peter Rissing, chief of the Section of Infectious Diseases and the grant's principal investigator.

Since MCG first secured Title III funds in 1995, patient volume has increased fivefold, averaging 14 new patients a month. More than a third are indigent.

"The grant provides medical care, nursing care and pharmaceuticals," Dr. Rissing says. "That permits patients to live normal or near-normal lives."

Several area churches have opened their doors to the Ryan White Outreach Team for education and testing.

DR. PETER RISSING

SAFETY SMOKESCREEN

Tobacco alternatives to cigarettes are increasingly popular but often just as dangerous—if not more so—than the product they replace, according to MCG researchers.

Popular products include bidis, tobacco wrapped in Asian tendu plant leaves that have more tar, carbon monoxide and nicotine than cigarettes; kreteks, a mixture of tobacco, cloves and other additives that contain a potentially dangerous throat-numbing anesthetic; hookah pipes, which are smoked communally in sessions that can be comparable to smoking 100 cigarettes at once; smokeless tobacco, which contains multiple carcinogens; and tobacco lonzenges that, although often marketed to help quit smoking, often only supplement the habit.

Drs. Janie Heath and Sharon Bennett in the School of Nursing have documented use of the products and researched effective ways to help people quit.

"Our evidence-based practice shows that there are really three steps to quitting successfully: cognitive behavioral therapy, some sort of social support system and medication to help with withdrawal symptoms," Dr. Bennett said.

A BETTER BLOOD THINNER?

A new oral blood thinner is being compared to an old standby to see if it works as well and is easier to manage long term, researchers say.

Blood levels of the standby, warfarin, or Coumadin™, can vary greatly depending on diet and other drugs, increasing the risk of bleeding or clotting, said Dr. James R. Gossage Jr., an MCG pulmonologist. This is particularly problematic for people who need it long term to treat problems such as leg or lung clots.

An international study of 2,000 adults with these problems will determine if dabigatran, manufactured by Boehringer Ingelheim, eases long-term clot control.

"We are looking for medicines that are not affected by diet and by every other pill we take," said Dr. Gossage.

Previous work indicates dabigatran's effectiveness. It works early in the clotting process, inhibiting thrombin, one of the main clotting factors.

"When you cut yourself, platelets start sticking, thrombin comes in and activates the whole cascade of coagulation factors that form a clot. Warfarin works later in the cascade, so getting something that works earlier may be even better," said Dr. Gossage.

For more information about the study, call Melissa James, study coordinator, at 706-721-6791.

DR. JAMES R GOSSAGE JR.

"WARFARIN WORKS LATER IN THE CASCADE, SO GETTING SOMETHING THAT WORKS EARLIER MAY BE EVEN BETTER."
–DR. JAMES R. GOSSAGE JR.

DR. HARRISON LAUDED

Dr. J. Harold Harrison, a 1948 School of Medicine graduate, was among the honorees at the University System of Georgia Board of Regents' second annual Excellence Awards Celebration March 3 in Atlanta.

Dr. Harrison, a vascular surgeon, joined the Emory University School of Medicine faculty and later headed the Department of Surgery at St. Joseph's Hospital of Atlanta, operating on some 7,000 blocked neck arteries in a medical career spanning 50 years. His many awards include an MCG Vessel of Life Award noting significant contributions to his alma mater and the field of medicine.

STUDENT RESEARCHERS

Dozens of MCG students presented posters, oral presentations and other information about their research during the School of Graduate Studies' 22nd annual Graduate Research Day in March. Dr. Eric N. Olson, chair of the Department of Molecular Biology at the University of Texas Southwestern Medical center at Dallas, discussed genes related to heart formation as keynote speaker during the event.

SMILES IN ABUNDANCE

Dentists throughout the state were on hand Feb. 2 to volunteer their services at the MCG School of Dentistry for the fifth annual Give Kids a Smile Day.

This event, one of hundreds nationwide sponsored by the American Dental Association and Crest Oral Health Care, consisted of MCG School of Dentistry and School of Allied Health Sciences Department of Dental Hygiene students and faculty providing free oral health education, preventive care and restorative dentistry to second- and third-graders from McBean Elementary School.

They also helped coordinate follow-up care as needed, according to Dr. Steven Adair, chair of the Department of Pediatric Dentistry.

"It's part of our overall mission to care for the less-fortunate children among us, and this event is a great way to do that," said School of Dentistry Dean Connie Drisko. "We feel Give Kids a Smile Day is a wonderful opportunity to give back to the community and share our services and expertise."

DENTAL HYGIENIST CAMEKA KEETON HELPS BRYSON HARRIS SINK HIS TEETH INTO A HEALTHY SMILE.

MENTAL WELLNESS

DR. ERICK MESSIAS

Psychiatrists' first large-scale assessment of the general population shows nearly 30 percent need mental health care, about one-third of whom get it.

The study focused on Baltimore, where psychiatrists interviewed 816 people between 1993 and 1999 about the most common mental health problems: social phobia, panic disorder, agoraphobia, depression and alcohol dependence.

They found the greatest need was treatment of alcohol dependence, nearly 14 percent, and major depression, nearly 11 percent.

KEY INDICATORS OF MENTAL HEALTH PROBLEMS INCLUDE SLEEP DISORDERS AND PROBLEMS WITH WORK AND PERSONAL RELATIONSHIPS.

"There are a lot of people who need psychiatric care who aren't getting any," said Dr. Erick Messias, an MCG psychiatrist and lead author on the study in the March issue of *Psychiatric Services*.

He cited obstacles including a perceived lack of efficacy of treatment, societal pressures, stigma, insurance limitations and a shortage of mental health professionals. More mental health professionals are needed across the spectrum, and those professionals need to work as a team, he said.

Key indicators of mental health problems include sleep disorders and problems with work and personal relationships. "If you can love and work, you probably will do fine."

Doing the Math

MCG Explores Several Strategies to Increase Physician Output

The numeric and people drivers are significant.

Warmer climates, affordable housing and a booming business sector have helped move Georgia to number nine on the list of 10 most populous states, a list it's expected to continue to climb.

Georgia's population grew 26 percent from 1990 to 2000, the sixth-highest growth rate in the nation. The Governor's Office of Planning and Budget anticipates adding 1.8 million people, an increase of 20 percent, by 2015.

"THIS IS A STORY OF GREAT SUCCESS IN TERMS OF THE GROWTH OF OUR STATE, BUT IT IS ONE THAT HAS GENERATED GREAT NEED FOR A SIGNIFICANTLY LARGER HEALTH CARE WORKFORCE."

– President Daniel W. Rahn

People age 65 and older make up the fastest-growing segment; the 65-plus set already comprises 9.2 percent of the state's population, a percentage expected to double in the next 20 years.

Older people use more physician services than any other population segment. While this segment is exploding, many areas of the largely rural state already lack doctors.

Georgia also finds itself among the nation's least healthy states, ranking 42nd in the 2006 edition of "America's Health Rankings," a yearly assessment of the relative health of the nation, produced by United Health Foundation.

"This growth has generated great need for a significantly larger health care workforce," says Medical College of Georgia President Daniel W. Rahn.

The University System of Georgia Task Force on Health Professions Education he chaired in 2005-06 found that all health professions face significant shortages over the next decade. Dr. Rahn was appointed USG senior vice chancellor for health and medical programs to lead the state's initiatives to address those needs.

Georgia's growth and the concomitant need for more physicians reflect that of the nation.

The United States increases its population by 25 million people each decade, and the number of age 65 and older is expected to double by 2030, according to the Association of American Medical Colleges.

"The population growth since the last major census in the country in 1975 has been 100 million," says School of Medicine Dean D. Douglas Miller. "It went up largely through immigration and by people living longer, which I think is a medical success story. We are growing the U.S. population's diversity and people are living longer."

Still, with success comes challenges.

Five years ago, most medical school deans and state medical society leaders were reporting shortages of physicians in various specialties, such as anesthesiology, cardiology, radiology and geriatrics.

SCHOOL OF MEDICINE CLASS OF 2010

Ironically, the 2003 survey, published in the *Journal of the American Medical Association*, showed the shortage was impeding medical schools' ability to expand just as some schools were considering that possibility. In fact, some schools actually had to *decrease* their class *size*.

The next year, the Council on Graduate Medical Education, which in the 1990s predicted a surplus of physicians, said the demand for physicians in the country would significantly outweigh supply by 2020.

Just as the general population is aging, the existing physician population is aging: a third of active physicians are over age 55. Also, the next generation of physicians may make different choices than their predecessors.

"Most of the trends are toward shift work in emergency rooms, hospitalists, intensive care units and the quality-of-life issues that come with being able to work a predictable schedule," says Dr. Miller. "Fewer people are choosing the more physically demanding or time-consuming specialties than perhaps used to be the case even 10 to 15 years ago."

Studies show one in five U.S. residents already are medically underserved while most Americans have increasing expectations about staying healthy as they age.

In the face of such bustling growth, increasing unmet demand and a changing work dynamic, enrollment in the nation's medical schools—including MCG's—has remained essentially flat for 25 years.

Now, the AAMC is asking the nation's medical schools to increase student enrollment 30 percent by the year 2015.

"The need for more doctors is real and will become more urgent as our population grows and ages," AAMC President and former MCG School of Medicine Dean Darrell G. Kirch said in February when announcing that first-year enrollment in U.S. medical schools is expected to increase 17 percent from 2002 levels, up to 19,300 students by 2012. "An anticipated five new medical schools will enroll an additional 250 students."

Georgia's four allopathic medical schools, MCG, Mercer University School of Medicine, Morehouse School of Medicine and Emory University School of Medicine, currently are educating1,664 students. With 744 students, the MCG School of Medicine already has the 19th-largest class size in the nation.

Still, the state ranks 32nd in the number of medical students per 100,000 people. In fact, Georgia has fewer public medical school slots than any of its southern neighbors and is the only state on the 10-most-populous list without at least three public medical schools.

"We are not educating students at a rate that fits the norm," says Dr. Rahn. "In order to get to the mean, we would need, as a state, to graduate 170 more medical students per year."

He's cites the Georgia Board for Physician Work Force, which also says that to reach the population-adjusted national average, Georgia needs 9,000 additional physicians now.

Factor in the projected 1.8 million new Georgians expected by 2015 and the numbers rise again. "To maintain parity, we would need another 120 graduates at that time. So if we are trying to graduate students at a rate that would fit the national average, we would need to graduate nearly 300 more medical students in the state per year," says Dr. Rahn.

This doesn't even factor in the need to grow the number and location of residency programs that must accompany medical school growth.

The need is urgent, but there is no quick or simple solution. With four years of medical school and the shortest residency lasting three years, the pipeline is long and complex.

"The magnitude of the challenge is great and MCG absolutely must take the lead in addressing it," says Dr. Rahn.

"Our major interest is that we focus on intelligent, appropriate, well-planned medical class expansion," adds Dr. Miller. As Georgia's only public medical school, nothing less could be expected, says the new dean, who hit the ground running last summer. "As part of a planning strategy, we have to consider all options."

The school's home base in Augusta grew from 180 to 190 in fall 2006; the 5 percent increase was the first since fall 1974. Even that small adjustment had a ripple effect. Lecture halls had to be renovated. Several more faculty members who could serve as clinical skills preceptors and core clinical educators had to be identified, says Dr. Ruth-Marie E. Fincher, vice dean for academic affairs in the School of Medicine.

Plans are under way to grow the class size in Augusta to at least 200 within the next few years.

The School of Medicine opened its first satellite campus, Southwest Georgia Clinical Campus headquartered at Phoebe Putney Memorial Hospital in Albany, in 2005 to increase the number of third- and fourth-year students getting clinical experience in that portion of the state. This May, St. Joseph's/Candler Health System in Savannah and MCG announced a similar partnership for southeast Georgia. *(see pages 16-19)*

Discussions are ongoing about a potential partnership with the University of Georgia as well as Athens Regional Hospital and St. Mary's Hospital in Athens to develop a satellite campus where students could complete all four years of medical school.

The School of Medicine already has teaching sites across Georgia, many in the offices of alumni, and is constantly working to increase partnerships with Georgia physicians, Dr. Fincher says. Twenty-three percent of the school's clerkship experiences are outside the Augusta area.

As the school moves forward, the dean's office is getting input from the Liaison Committee on Medical Education, which must ultimately

approve the biggest steps, such as the proposed Athens campus.

The goal is to increase the class size by 30 percent while increasing students' clinical exposure statewide in hopes of attracting them to underserved areas of Georgia.

"We need to keep ourselves focused on the state's needs and how we can, as the health sciences university of the state, most effectively contribute to meeting the needs of our state," says Dr. Fincher.

Critical to such a significant expansion are more patients, more teachers and larger facilities designed to meet the educational needs.

"The most important teachers of students are patients," says Dr. Fincher, noting that physician mentors statewide provide excellent opportunities for third- and fourth-year students.

Still, for freshmen just beginning to hone their clinical skills by spending an afternoon with a practitioner and his patients, a fair amount of teaching must take place in close proximity to the medical school.

Even in cities such as Augusta, which is fortunate to have several large hospitals close to campus, finding the right patient mix can be tough. "Patients in the hospital are sicker than they were 10 or 20 years ago and the length of stay is shorter," Dr. Fincher says. "Many patients are too sick to see a first- or a second-year medical student who is still learning to do a physical exam." Conversely, many outpatients are seen so efficiently, there is little time there either.

MCG students get early clinical experience at MCG Medical Center, MCG Children's Medical Center and the Augusta Veterans Affairs Medical Centers. Augusta's University Hospital, which has served as a teaching facility in the past, has enthusiastically endorsed bringing back students and residents.

"It's a good thing," says Dr. Rahn. "One of the most important functions of a profession is to prepare those who will follow,

TOP-20 U.S. medical schools by enrollment:

1. University of Illinois, 1,343
2. Indiana University, 1,159
3. Wayne State University, 1,091
4. Drexel University, 1,016
5. Thomas Jefferson University, 957
6. University of Texas-Southwestern, 917
7. University of Texas-Houston, 874
8. University of Texas-Galveston, 863
9. University of Texas-San Antonio, 852
10. Ohio State University, 833
11. Medical College of Wisconsin, 806
12. University of Washington, 790
13. New York Medical College, 774
14. Albert Einstein College of Medicine, 762
15. Harvard University, 761
16. Georgetown University, 758
17. State University of New York Downstate, 753
18. Rosalind Franklin Chicago Medical School, 751
19. **Medical College of Georgia, 744**
20. University of Minnesota, Twin Cities, 736

MCG ranks 19th among 128 U.S. medical schools in total medical student enrollment.

Among the 22 public, freestanding academic health centers (MCG's closest peers), MCG ranks sixth.

MCG enrolls 45 percent of all students enrolled in Georgia's four MD degree granting schools.

Medical school enrollment comparisons: MCG, 744; U.S. average, 540; academic health center average, 651; Georgia average, 416.

Source: MCG School of Medicine and Office of Decision Support

and the more we can work together with our colleagues in community practice, the better. We need every quality educational pathway we can access. That is the bottom line."

Discussion of expanding outside of Augusta also generated passionate discussion among legislators and other city and state leaders.

"We intend to expand the School of Medicine by nearly one-third and to do that through a variety of strategies," says Dr. Rahn. The strategies don't include, as some fear, changing MCG's location or governance. They do include maximizing the school's ability to grow rapidly and appropriately to meet the state's needs.

After this past legislative session, the University System of Georgia received an appropriation of $2.8 million to thoroughly vet how to do just that.

"We believe we have the capacity to grow our class at least 10 percent here in Augusta," says Dr. Miller, who adds that as much as a 19 percent growth, up to 215 students per class, may be doable in Augusta with the right support. "We are going to work on that. We are going to make sure that the facilities here are as good as they can be, that the faculty here is outstanding and that the educational experience here is always improving."

MCG has secured a firm to conduct a space study in Augusta. The firm will make size recommendations for a new Medical Education Commons building that could centralize classrooms, clinical space, offices and work areas.

Additional consultation is planned for expansion locally and statewide.

Collaboration with UGA makes sense, Drs. Miller and Rahn say. Like MCG, UGA has a research mission and basic science faculty. The universities already have collaborative teaching and research initiatives. A portion of the 58-acre U.S. Naval Supply Corps School property in Athens, scheduled for closure by the U.S. Department of Defense, could provide appropriate facilities for a medical school satellite campus.

DR. D. DOUGLAS MILLER

"WE BELIEVE WE HAVE THE CAPACITY TO GROW OUR CLASS AT LEAST 10 PERCENT HERE IN AUGUSTA. WE ARE GOING TO WORK ON THAT. WE ARE GOING TO MAKE SURE THAT THE FACILITIES HERE ARE AS GOOD AS THEY CAN BE, THAT THE FACULTY HERE IS OUTSTANDING AND THAT THE EDUCATIONAL EXPERIENCE HERE IS ALWAYS IMPROVING."

–SCHOOL OF MEDICINE DEAN D. DOUGLAS MILLER

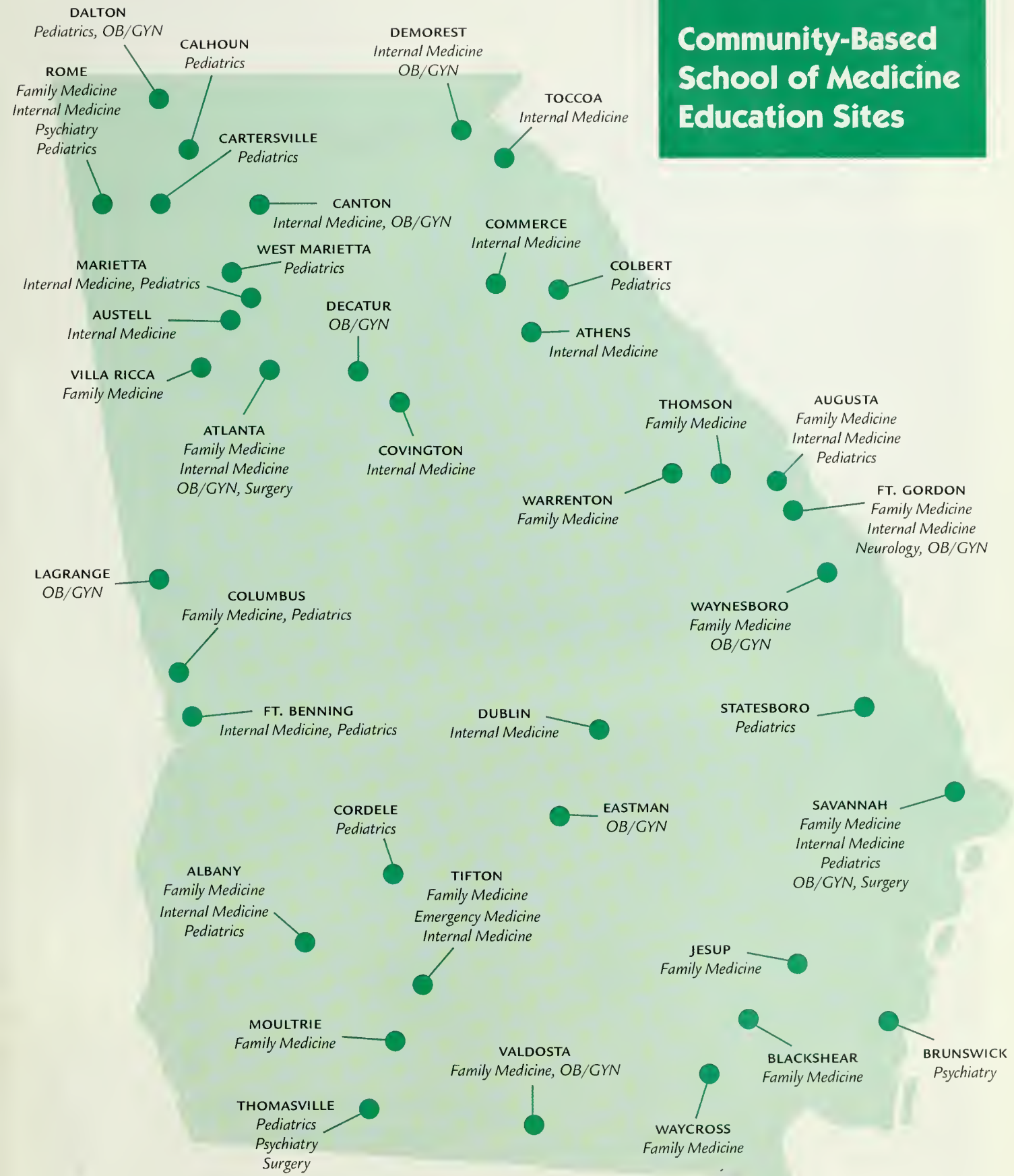
"We will be exploring whether or not Athens can sustain a four-year medical campus and whether the needs of the MCG School of Medicine require an expansion to Athens," the dean says.

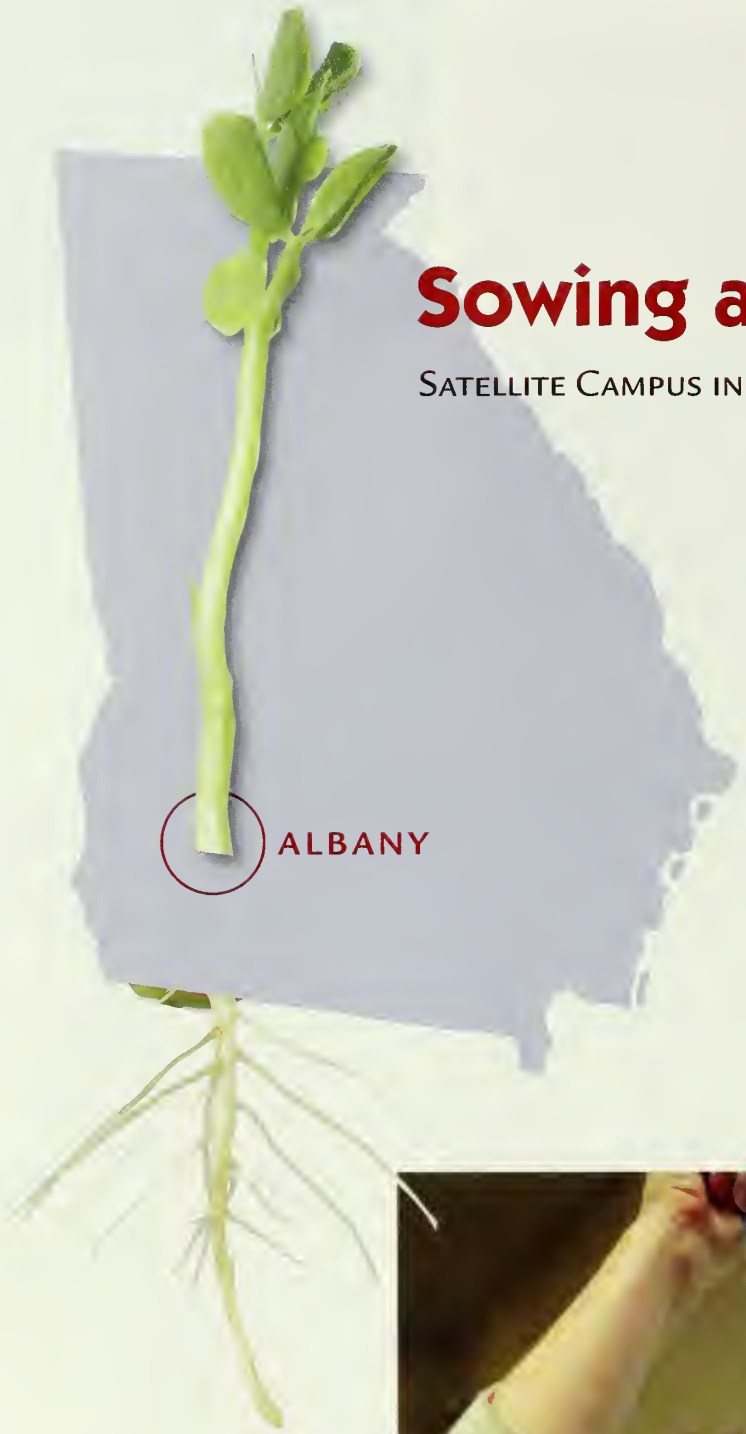
"I believe it's important for us to take a leadership role and ensure that expansion happens under our medical school's accreditation," the president says. "Planning must be coordinated, not competitive, which could lead to redundant expenses, which could lead to destructive competition."

"We need to be deliberative, to engage partners and to establish how to move forward in a coordinated fashion," Dr. Rahn says. "Ultimately, if this is to happen, we will need more public resources. There is a lot of work to be done, but there isn't any agenda other than figuring out the best way to advance our mission as Georgia's health sciences university to meet the health care needs of our state."

Toni Baker

Community-Based School of Medicine Education Sites





Sowing a Seed

Satellite Campus in Albany Extends MCG's Reach

Karenne Fru felt right at home in Albany, Ga. But not for all the right reasons.

Ms. Fru, a third-year School of Medicine student who recently completed a family medicine rotation in the southwest Georgia city, sees unfortunate parallels between the area and her native country of Cameroon in West Africa.

"Health care in Cameroon is virtually non-existent," she explains. "There is high demand, but not a lot of incentive or opportunity to go into medicine. Even if we sent throngs of doctors, you'd probably only be scratching the surface."

Likewise, the Albany area, part of one of the 10 poorest congressional districts in the country, and southwest Georgia in general suffer from an acute physician shortage—a shortage MCG is tackling head on with the School of Medicine's Southwest Georgia Clinical Campus.

DRS. TAMMY MYERS (FROM LEFT), KARENNE FRU AND THAO NGUYEN

"MCG's expansion in southwest Georgia is a great opportunity for us as well as the area, and I think its presence will be felt for a long time," says Assistant Dean Iqbal Khan. "We are sowing a seed that will be very fruitful for the future of southwest Georgia."

Since the satellite campus opened in fall 2005, Dr. Khan has worked from the campus's headquarters, Phoebe Putney Memorial Hospital in Albany, to increase the number of MCG medical students rotating in the region and the specialties available to them.

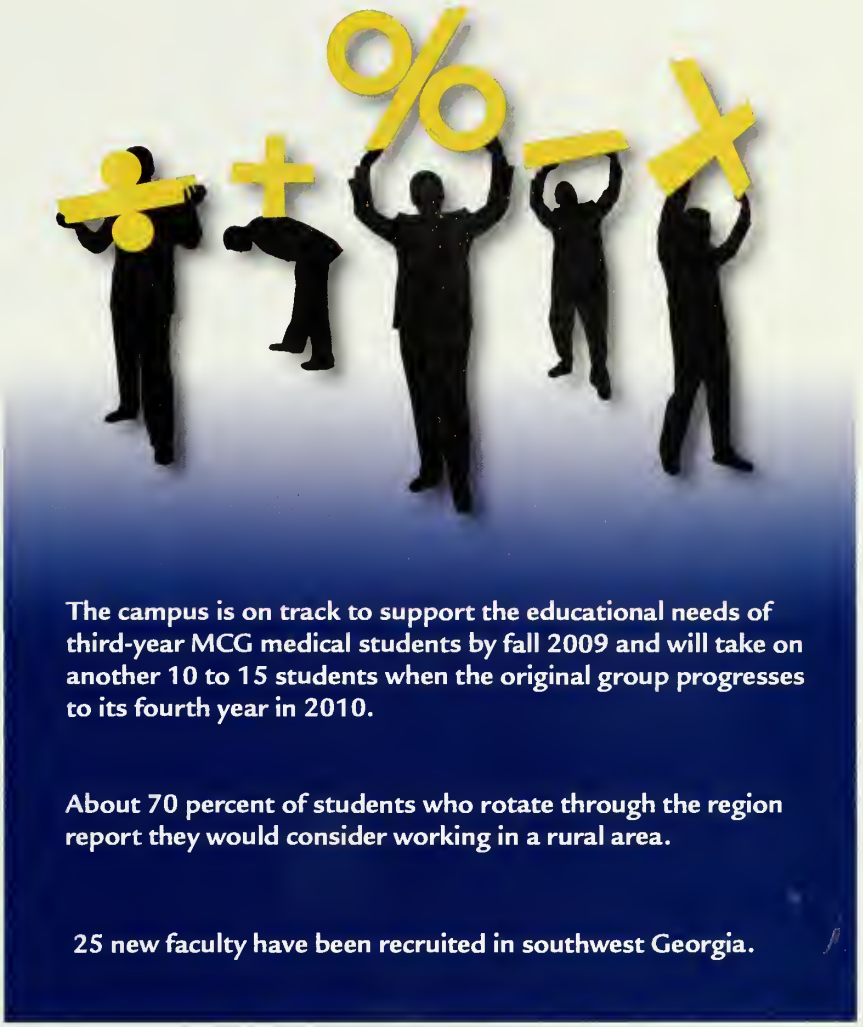
"We recognize the strengths of the medical community in southwest Georgia," said Dr. T. Andrew Albritton, MCG School of Medicine associate dean for curriculum, noting the area's strong history of providing learning opportunities for MCG students.

Dr. Khan is working with the Southwest Georgia Area Health Education Center to secure rotations in internal and emergency medicine, obstetrics and gynecology, neurology, surgery and psychiatry. The campus is on track to support the educational needs of third-year MCG medical students by fall 2009 and will take on another 10 to 15 students when the original group progresses to its fourth year in 2010. The participants will transfer to the campus after completing their first two years of medical school in Augusta.

"There's so much potential here, and this region can really help MCG increase its numbers," says Southwest Georgia AHEC Director Pam Reynolds. "It will also be advantageous for regional hospitals and practices to recruit new physicians. It's a win-win situation." She notes surveys citing that about 70 percent of students who rotate through the region report they would consider working in a rural area.

"MCG'S EXPANSION IN SOUTHWEST GEORGIA IS A GREAT OPPORTUNITY FOR US AS WELL AS THE AREA, AND I THINK ITS PRESENCE WILL BE FELT FOR A LONG TIME. WE ARE SOWING A SEED THAT WILL BE VERY FRUITFUL FOR THE FUTURE OF SOUTHWEST GEORGIA."

ASSISTANT DEAN IQBAL KHAN



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25 new faculty have been recruited in southwest Georgia.

In less than two years, Dr. Khan has recruited about 25 new faculty in southwest Georgia and plans to bring even more on board.

"I enjoy teaching because I've always felt indebted to the people who taught me," explains Dr. Alan K. Brown, an MCG School of Medicine alumnus and one of Dr. Khan's recruits. "Medicine is taught from physician to physician. You have a responsibility to hand that down."

He quickly discovered the relationship is mutually beneficial. "Medical students enhance your skills, keep you on your toes and keep you reading. The learning is reciprocal."

Dr. Sean T. Bryan, program director of the Southwest Georgia Family Medicine Residency, agrees. "I've certainly learned as much from students over the years as I've taught them," he says. "It provides added incentive to continue to develop professionally."

The learning environment is particularly vibrant, he says, because of the area's demographic diversity.

"One of the big challenges with declining reimbursements for clinical activities and grants getting harder to come by is finding adequate patient populations for medical students," he says. "We have tremendous learning opportunities in southwest Georgia, and MCG students can really take advantage of that."

Ms. Fru, who plans to pursue international medicine, says, "I'm trying to get as well-rounded an experience as possible. After my six weeks [in Albany], I'm doing four weeks in Cameroon where I'll be expected to perform at a high level. I'm hoping to really make a difference from my training here."

She thinks a lot of medical students will be interested in the satellite campus, especially considering the extensive physician interaction that often translates into one-on-one training. "I think it will be a big draw for students," she says.

"Medical students here are treated as special folks," says Joel Wernick, president and CEO of Phoebe Putney Health System. "If you were a medical student wanting to see a normal delivery in an academic health center, you may be there with a number of people observing that experience. When you come to Albany, the doctor may ask you to pass the instrument.

"We feel the opportunity to get a first-hand experience not only assists MCG in carrying out its mission, but shows people there's great medicine practiced here, and hopefully they will want to be part of that," says Mr. Wernick. "We hope students will come to love this region as the rest of us do and ultimately choose to practice here."

Kim Miller

"I'VE CERTAINLY LEARNED AS MUCH FROM STUDENTS OVER THE YEARS AS I'VE TAUGHT THEM. IT PROVIDES ADDED INCENTIVE TO CONTINUE TO DEVELOP PROFESSIONALLY."

DR. SEAN T. BRYAN, PROGRAM DIRECTOR
SOUTHWEST GEORGIA FAMILY MEDICINE RESIDENCY

Expanding the Infrastructure

Partnership Opens Doors to Medical Students in Savannah Area

The Medical College of Georgia and St. Joseph's/Candler Health System have announced a partnership that could eventually lead to a residential clinical campus for medical students in Savannah, Ga.

The announcement comes after months of discussion between the institutions regarding how to meet the growing need for more physicians in the state and specifically, southeast Georgia.

The long-term goal is a second residential campus for the MCG School of Medicine, much like the Southwest Georgia Clinical Campus.

The SJ/C Board of Trustees voted in the fall to pursue the affiliation, which begins this July with six to10 third- and fourth-year medical students assigned to 120 community physicians in several clinical specialties working both in their offices and at the St. Joseph's Hospital and Candler Hospital campuses in Savannah.

The second phase establishes the Savannah hospitals as the base for a southeast clinical campus with an MCG assistant dean coordinating regional teaching activities. A final phase would create a residential clinical campus at SJ/C enabling third-year students to spend an entire year with SJ/C as their home base. Fourth-year students would still participate in rotations.

MCG PRESIDENT DANIEL W. RAHN (LEFT) WITH DR. SUSAN MAHANY, PRESIDENT OF THE CANDLER HOSPITAL MEDICAL STAFF AND DR. JAMES LINDLEY, PRESIDENT OF THE ST. JOSEPH'S HOSPITAL MEDICAL STAFF

"This affiliation is unique as it represents not only a partnership between SJ/C and MCG, but with our medical staffs," said Richard Moore, chair of the SJ/C Board of Trustees. "The fact that 120 private-practice physicians would sign up as volunteer faculty is extraordinary. It just shows the commitment our local physicians have to the future of their profession and the future of our community. Combine that with the community commitment of our system and the benefits are immeasurable."

"The reputation of MCG is outstanding. Over half of its graduates stay in Georgia and the strength of its program is evident in the number of medical students who graduate every year," said Paul P. Hinchey, SJ/C president and CEO. "By participating with MCG on this initiative, we're able to assist the university with its goal to create an expanded infrastructure so that the school can educate more physicians while meeting our goal to bring more physicians to our region."

"We thank SJ/C and their fine medical staffs for their commitment to helping us meet the health care needs of our state," said MCG President Daniel W. Rahn.

"By welcoming our medical students into their hospitals and office practices, they enable MCG to expand its regional educational opportunities, which ultimately means more well-trained physicians for Georgia."

"The educational commitment of SJ/C and its affiliated medical staffs is exceptional," said Dr. D. Douglas Miller, dean of the MCG School of Medicine. "The burden of chronic diseases in this state is great; the need for health care is tremendous. As we establish educational sites across our state to address these needs, we look for the kind of quality and enthusiasm that we have found at SJ/C. We hope this new relationship will flourish and result in establishment of a regional clinical campus to coordinate the School of Medicine's significant educational programs in southeast Georgia."

Toni Baker and SJ/C Public Relations Manager Betsy Yates

STAT!

MCG Leaders Propose Solutions to Statewide Trauma Crisis

EDITOR'S NOTE: MCG PHOTOGRAPHER PHIL JONES TOOK THE PHOTOS ILLUSTRATING THIS ARTICLE DURING A RECENT FRIDAY NIGHT IN THE MCG TRAUMA CENTER.

If a drunk driver runs a red light and slams into your car, what factors will help determine your chance of survival?

How fast both cars are traveling? The point of impact? Whether you're wearing a seat belt? The deployment of an airbag?

All these factors are important, but the list omits one of the most important considerations: How close are you to a Level 1 trauma center?

"There's a window of time in which getting the right care at the right time dramatically reduces the risk of irreversible damage or death from trauma," says Don Snell, president and chief executive officer of MCG Health, Inc. "For adults, it's called the golden hour. For children, it's the platinum half-hour."

In Georgia, which lacks a coordinated trauma system, the clock is ticking faster than ever. Only 15 of the state's 152 hospitals participate in the voluntary trauma network. Of those, a mere four—including MCG Health System—have Level 1 trauma centers.

Designated trauma centers range from Level 1—optimal care, offering near-immediate access to an operating room and highly specialized health care professionals—to Level 4, with each level offering progressively fewer resources. If you've broken an arm or wonder whether your chest pain signals a heart attack or indigestion, a standard emergency room will likely meet your needs. If you've been shot, stabbed, thrown through a windshield or battered by tornado debris, a Level 1 trauma center can, and often does, make the difference between life and death.

The concept of trauma care was born on the battlefield, where American soldiers fighting the Korean War were the grateful recipients of immediate, onsite and highly specialized treatment when injured by gunfire, grenades or other body-shattering insult. Timing, health professionals learned, was everything. The lessons persist to this day, which is why injured soldiers in Iraq and Afghanistan have significantly higher survival rates than those fighting previous wars.

But coordination is key, and Georgia is lacking, agree Mr. Snell and MCG President Daniel W. Rahn. An effective statewide trauma system, as most states in the country are currently demonstrating, involves coordination of all related health care resources and adequate funding.

Level 1 trauma centers are enormously expensive to maintain, and trauma patients tend to be disproportionately poor and uninsured. MCG Health System treated approximately 1,800 trauma patients last year, about 60 percent of whom were uninsured. MCG Health System has managed to stay viable despite an approximate $10 million annual loss in trauma care, but the hemorrhaging is not indefinitely sustainable.

"The more trauma care you provide, the more money you lose," Mr. Snell says simply. "Statewide hospital losses related to trauma exceed $250 million annually."

"THERE'S A WINDOW OF TIME IN WHICH GETTING THE RIGHT CARE AT THE RIGHT TIME DRAMATICALLY REDUCES THE RISK OF IRREVERSIBLE DAMAGE OR DEATH FROM TRAUMA. FOR ADULTS, IT'S CALLED THE GOLDEN HOUR. FOR CHILDREN, IT'S THE PLATINUM HALF-HOUR."
—DON SNELL, PRESIDENT AND CHIEF EXECUTIVE OFFICER, MCG HEALTH, INC.

Those losses are evident not only in hospital ledgers, but in manpower. MCG Health System thought it would lose its Level 1 designation in April when its orthopedic trauma surgeon left, "but the state office responsible for trauma center designation indicates they would work with us, giving us some flexibility due to the lack of orthopedic trauma surgeons in the state and the difficulty of recruiting one," Mr. Snell wrote in a May 16 letter to his employees. The lack of a coordinated network is making it increasingly difficult to recruit and retain the specialists needed to staff a trauma center, he said.

Georgia's other Level 1 trauma centers—Grady Memorial Health in Atlanta, Medical Center of Central Georgia in Macon and Memorial Health University Medical Center in Savannah—"are considering whether or not to drop that designation for various reasons, not the least of which is expense," Mr. Snell said. In April, Atlanta's DeKalb Medical Center announced it will leave the network.

That constitutes a crisis, MCG's leaders concur—because as expensive as trauma service is to provide, its absence is much more costly.

"About 62 of every 100,000 Georgia trauma victims die each year, compared to a national average of about 54," Mr. Snell says.

"That's about 70 additional deaths a year that need not have happened," Dr. Rahn notes. "And in the case of trauma, you're often dealing with young and otherwise healthy, productive people."

Permanent disability, he says, is another sad and costly outcome that trauma care can preclude. "It's easy to measure what we're currently paying," Dr. Rahn says. "What you can't measure is what you would pay if trauma care wasn't available."

The Georgia Legislature recently appointed a bipartisan commission to study the problem and make recommendations. "They concluded that Georgia needs a coordinated system, dedicated funding from a protected source and a workforce capable of meeting the need," says Mr. Snell. "They also recommended $80 million for existing trauma facilities to take the sting out of our losses."

The recommendations were accepted, but although ideas such as increased super-speeder driving fines were considered, no funding source has been identified.

"The safety net is evaporating," Dr. Rahn says.

Those in the trenches, he explains, are exhausted and overwhelmed. For instance, overextended general surgeons often bear the brunt of trauma care in rural Georgia. Accident and injury victims lucky enough to reach a trauma center strain the already-thin resources of urban areas.

"Georgia needs to decide what its approach will be to ensure the integrity of a viable system," Mr. Snell says.

Time is of the essence, not only to meet the current demand but to fill a pipeline with health care students who can meet future needs—one of Dr. Rahn's top priorities as senior vice chancellor. "Any health professions workforce pipeline is long, particularly for trauma specialists," he says.

But he and Mr. Snell are optimistic that a tipping point has emerged. "I've seen over the last four years incrementally increasing attention to the issue," Mr. Snell says. "Everybody realizes there's a problem. I'm optimistic that we'll see some state funding very soon."

Health care also is front and center on the national agenda, they agree. "Health care, Iraq and immigration are the three national priorities right now," Mr. Snell says. "We're closer than we've ever been to having a true national discussion on the issue."

"Americans believe in market forces, but there are certain health care services that don't get addressed through market forces," Dr. Rahn says. "Certain issues demand public policy alternatives. A traumatic event can affect anyone, and the only viable solution is public funding." *(Read about President Rahn's personal experience with trauma on page 48.)*

In the meantime, MCG Health System is committed to serving the public to the best of its ability. "The MCG Health System remains committed to providing this level to care to citizens between here and Atlanta, Macon, Savannah and Columbia, S.C.," Mr. Snell said. "We are taking all steps possible to maintain this important, lifesaving service for the citizens of the CSRA and beyond."

Christine Hurley Deriso

Walking Tall

Felled Tree No Match for MCG Trauma Team

It is said that there are two ways to reach the top of an oak tree. You can either climb it, or sit on an acorn and wait. Larry Beggs did neither. He had the misfortune of getting to the top of a 100-year-old, 50-foot tall oak tree by having it fall on him.

Last October, Mr. Beggs, 45, and his 17-year-old son, Chandler, were splitting wood on their 7.5-acre property in Lincolnton, Ga., when they heard a loud pop and saw a mighty oak start to crack about 10 feet from the ground.

LARRY BEGGS

"I looked up and knew what was happening, but only had seconds to react. Of course, all you can do is run. I ran one way and my son ran the other," said Mr. Beggs. "I had taken only two or three steps when one of the tree limbs hit me in the back of the head, and I could feel and hear the snap of bones in my back."

Chandler's pickup truck took the brunt of the tree's collapse, keeping Mr. Beggs from being totally crushed. Amazingly, two Beggs children who were in the bed of the truck at the time—3-year-old Braxton and 7-year-old Ansley—escaped with minor cuts and scratches.

Mr. Beggs couldn't breathe after he hit the ground. "I guess the tree hit me so hard that it knocked the wind out of me. But I could move, so I wasn't paralyzed. That was a ray of hope."

He used his arms and shoulders to crawl military-style from underneath the tree while another son, 11-year-old Madison, ran 70 feet to the house for help.

An area ambulance crew was first on the scene. Knowing Mr. Beggs had serious back injuries and worried about the possibility of internal injuries, they summoned MCG's helicopter service, MCG LifeNet, to transport Mr. Beggs 40 miles to MCG Health System's Level 1 trauma center.

"It was an 11-minute trip by air. I hate to think what would have happened if I hadn't had quick access to MCG," Mr. Beggs said. "The trauma team was first rate. There must have been up to 40 people in the room upon my arrival, some of whom were doing things simultaneously to find out what was going on with me." Dr. Norman Chutkan, a spinal specialist, fused several thoracic vertebrae to stabilize fractures during his two-and-a-half-hour surgery.

After a three-month convalescence, Mr. Beggs returned to work as safety manager for the Nutrasweet Company.

"For all intents and purposes, I'm as good as new. Those familiar with the accident can't believe that I'm able to walk at all, so they are absolutely amazed that I walk as well as I do. This could have had a different outcome without quick action and access to a Level I trauma center at MCG."

Deborah Humphrey

When the Going Gets Tough

Cryopreservation Techniques Offer New Hope for Pregnancy

ILLUSTRATION BY DIANTHA TEVIS

A tiny, eight-legged creature that suspends all biological activity when the going gets tough may hold answers to better cryopreservation of human eggs, researchers say.

Tardigrades, also called water bears, can survive Himalayan heights or ocean depths as long as they have moisture.

When they don't, they produce a sugar called trehalose, slowly dehydrate and essentially cease functioning until it rains, said Dr. Ali Eroglu, an MCG reproductive biologist and cryobiologist.

Tardigrades are not alone in their ability to put their lives on hold during adversity. Brine shrimp, or sea monkeys, and bakers' yeast also come back to life with water. Arctic wood frogs use the glucose to survive frigid temperatures.

While humans don't naturally produce trehalose, researchers think they can use it to safely preserve human eggs and eggs of endangered species, giving better options to women rendered infertile by cancer treatment and others who simply want to delay reproduction.

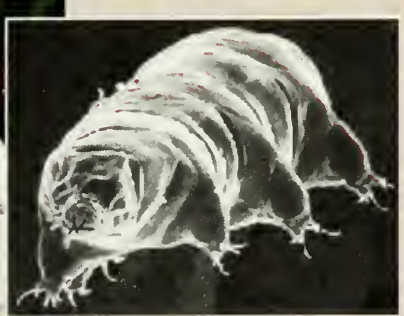
"Our hypothesis is when we introduce sugars into cells and oocytes, we can protect them against freezing-associated stresses," says Dr. Eroglu, who received a $1.2 million grant from the National Institute of Child Health and Human Development to test his theory. "We also hypothesized if we used trehalose, we could use conventional cryoprotectants, which can be toxic, in lower concentrations to minimize their toxicity while maximizing overall protection."

Pilot data show it works like a charm, at least in mouse eggs. Researchers injected eggs with trehalose, cooled them to liquid nitrogen temperature, thawed them and exposed them to sperm. The result? Healthy offspring at a rate comparable to that of unfrozen controls.

"We were very excited," says Dr. Eroglu. "We got very good development rates, then we transferred the embryos to foster mothers and got pups that were completely healthy." In fact, those pups had healthy pups. Further research is needed, but he thinks this approach will also work for human eggs.

With the NIH grant, he is using monkey eggs, which are similar to human eggs, to determine the mix of sugar, conventional cryprotectants and freezing needed to optimize egg preservation. Emory University is providing the eggs and the Georgia Institute of Technology is developing a mathematical model to predict cooling rates while avoiding destructive intracellular ice formation. The MCG Section

DR. ALI EROGLU



Tardigrades (also called water bears) consist of any of 350 species of free-living invertebrates belonging to the phylum Tardigrada. They have a segmented body and eight legs. In evolutionary development they are considered to lie between annelid worms and arthropods (e.g., insects, crustaceans). Tardigrades are mostly about 1 mm or less in size.

of Reproductive Endocrinology, Infertility and Genetics In Vitro Fertilization Program is providing discarded eggs that failed to fertilize.

Dr. Eroglu looks for a better way because current approaches are fraught with problems. Scientists have been freezing human eggs for about two decades but not very successfully. "Embryo cryopreservation is relatively successful, but to freeze oocytes, we have to overcome many hurdles," he says.

A major problem is the exterior jelly coat of an egg doesn't freeze well. The coat protects the egg from mechanical stress and serves as a receptor for sperm. Sperm must pass through the coat, then penetrate the interior plasma membrane. As soon as a single sperm penetrates, it triggers intracellular signaling that transforms the coat into a hard, impermeable structure that prevents the penetration of multiple sperm. Interestingly, traditional freezing, even with cryopreservatives, can cause these problems and more. The jelly coat hardens, making it impossible for sperm to get through the traditional way. "You don't have this issue with an embryo, because fertilization already has occurred," Dr. Eroglu says.

"EMBRYO CRYOPRESERVATION IS RELATIVELY SUCCESSFUL, BUT TO FREEZE OOCYTES, WE HAVE TO OVERCOME MANY HURDLES."
–DR. ALI EROGLU

Intracytoplasmic sperm injection was introduced a decade ago to help overcome the hardened jelly coat, but other problems persist. Chemical stress, freezing or warming can disrupt the egg's mechanism for dividing chromosomes, so they don't line up as they should. In addition to hardening the jelly coat, cold stress can change intracellular signaling resulting from sperm penetration. Lipids or fats in the egg can fuse and the membrane can become leaky.

The bottom line is only about 1-5 percent of eggs develop to term after standard cryopreservation techniques.

Dr. Eroglu says the sugars, which help protect the natural structure of proteins, enable use of warmer temperatures and fewer cryoprotectants. He uses the intracytoplasmic sperm injection approach to deliver sugar—instead of sperm—to eggs before cooling. An ultimate goal is designing sugars that can easily penetrate the egg's membrane, but at least for now, tardigrade sugars work well in mice.

He hopes to eventually preclude the need to freeze embryos, instead keeping eggs and sperm apart until fertilization is desirable. This could eliminate the controversy of destroying unused embryos and perhaps the debate over embryonic stem cells, he says.

Eggs, which can reprogram cell function by turning genes off and on, can produce cells that can become essentially anything. If Dr. Eroglu can better understand this ability, regular body cells might be reprogrammed in a test tube to embryonic-like stem cells for therapeutic use.

Toni Baker

Freeze-Frame

Research Targets Infertility, Tissue Regeneration

The goal is to make human eggs, ovarian tissue, blood vessels, even whole organs available when needed.

To get there, researchers are comparing slow-freezing techniques, used for decades to preserve sperm and embryos, to a faster method of cryopreservation that transforms tissues into durable glass-like structures.

Phase I trials at the Medical College of Georgia are comparing the two approaches in human ovarian tissue and eggs, or oocytes, as well as human-like cow ovarian tissue and eggs.

They are starting with reproductive tissues because treatment for several forms of cancer can render women infertile.

"I don't think when you are faced with the reality you may die, your fertility is the most important thing," says Dr. Adelina M. Emmi, reproductive endocrinology and medical director of MCG Reproductive Laboratories in Augusta. "But a lot of women are interested in talking about it."

Currently, their best hope for pregnancy is using donor eggs. But Dr. Emmi is working with Dr. Ying C. Song, a cryobiologist, to broaden their options.

They are collecting ovarian tissue from volunteers age 16 to 37 who need the tissue taken for a reason other than cancer, such as a hysterectomy for benign disease, says Dr. Song, MCG clinical associate professor at MCG and director of research for Augusta-based Xytex Research/Xytex International. Collaborators at the University of Texas Health Science Center and M.D. Anderson Cancer Center are doing the same.

THREE HUMAN EGGS, DONATED TO DRS. SONG AND EMMI'S RESEARCH BECAUSE THEY WERE INADEQUATE FOR FERTILIZATION, THAT WERE VITRIFIED THEN WARMED.

With some of the tissue, they are using conventional cryopreservation. Chemicals to protect cells from the hazards of freezing are added before cooling tissue from 4 degrees Celsius to minus-80 degrees Celsius over two-and-a-half hours. Later, liquid nitrogen cools it to minus-196 degrees.

"The control-rate freezer drops the temperature very, very slowly," says Dr. Song.

Slow cooling works well for simple tissue, such as sperm and even embryos, and for blood. "In blood, for example, conventional cryopreservation freezes the liquid part, but not the cells inside. Liquid freezes and the water inside the cells moves out gradually, so they dehydrate," Dr. Song explains.

But for more complex structures, such as a human egg or ovarian tissue, resulting ice formation can be destructive. "Ice crystals break up your inside organelles. That is what hurts eggs, which are very delicate," he says.

"When you trigger ovulation with a hormone or naturally, you get the last separation of the chromosomes, from 46 to 23," says Dr. Emmi. That separation enables an embryo to get half his chromosomes from mom and half from dad. Fragile spindles, which line up chromosomes for division, are easily broken during freezing, so chromosomes can't properly divide. Typically, the resulting embryo dies. Plus, fertilization is unlikely since freezing often hardens the egg's outer shell that sperm must penetrate.

"That is why we have tried to develop technology without freezing," says Dr. Song, who has pioneered use of vitrification in blood vessels, cartilage and heart valves.

Vitrification, which takes tissue from room temperature to minus-100 degrees Celsius in 20 minutes, solidifies tissue into a clear, glass-like structure minus the opacity of ice cubes and frozen meats, a tell-tale sign of ice crystals within.

Dr. Song, whose research lab is in MCG's biotech incubator, has developed cryoprotectants that can be used safely in higher doses as well as agents to help protect tissue during the ultra-rapid process of de-vitrification.

"Low concentrations of cryoprotection are preferable because it is toxic," he says. "The problem is, if you use lower concentrations, you cannot get true vitrification." The agents are needed to intercept water so it won't form ice. Interestingly, if small ice crystals form during cooling, they can get larger during de-vitrification, which takes place in seconds.

"We developed a solution where we can warm up tissue in under five minutes and still get no ice formation," says Dr. Song, adding that ice formation notwithstanding, it is difficult to thaw rock-solid tissue at room temperature in a matter of seconds, meaning the current approach could have extremely limited use.

A study he published in March 2000 in *Nature Biotechnology* showed the approach he uses works well, at least in blood vessels.

VITRIFICATION, WHICH TAKES TISSUE FROM ROOM TEMPERATURE TO MINUS-100 DEGREES CELSIUS IN 20 MINUTES, SOLIDIFIES TISSUE INTO A CLEAR, GLASS-LIKE STRUCTURE MINUS THE OPACITY OF ICE CUBES AND FROZEN MEATS, A TELL-TALE SIGN OF ICE CRYSTALS WITHIN.

"Now, we want to try this on eggs and ovarian tissue and see if we can develop a robust technology and improve outcomes," Dr. Song says.

Later, researchers will inject ovarian tissue preserved both ways in mice to see if it survives and starts making proper connections.

"The reason for using ovaries is if you need chemotherapy, you often don't have time to go through stimulation cycles to get oocytes," says Dr. Emmi. "You are concentrating on getting rid of cancer cells." Also, if a woman has breast cancer, for example, hormones needed to induce ovulation could be problematic because many breast cancer cells have estrogen receptors.

Dr. Song notes scientists already are developing methods to stimulate ovarian tissue to produce eggs outside the body, a process that could make in vitro fertilization much more affordable. Others are looking for ways to ensure there are no cancer germ cells in salvaged tissue.

If all goes as hoped with this study, Drs. Song and Emmi will take ovarian tissue from cancer patients, vitrify it, ensure it is cancer-free and re-implant it when the woman is ready.

A concurrent phase I study is comparing standard cryopreservation to vitrification in eggs. The researchers are using eggs from 60 women age 18-42 that would be discarded because they are not adequate for in vitro fertilization. They also are maturing eggs from cow ovaries. Bull sperm will be used to test the viability of cow eggs afterward, but human eggs will not be fertilized.

Standard cryopreservation has been tried and largely failed in human eggs, says Dr. Emmi, who believes some version of vitrification likely offers a better option for ovarian tissue and eggs. In fact, many in vitro fertilization programs, including the one she directs at MCG Health System, are moving toward vitrification, which also seems to work faster, better and cheaper in embryos.

They pursue the potential of egg preservation as well to determine whether ovarian tissue or pure eggs are the best option. Also, a better way to preserve eggs, which last about 24 hours outside the body without preservation, would reduce the cost and logistical issues of coordinating donor eggs.

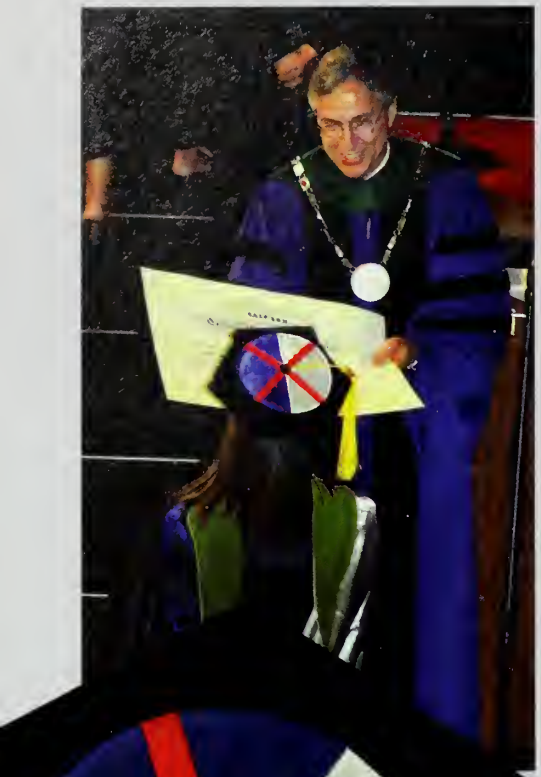
"The long-term goal is organ-banking," says Dr. Song, who is collaborating with scientists at Yale University and the Georgia Institute of Technology to regenerate blood vessels and pancreatic substitutes.

"Regenerative medicine will help supplement the shortage of organs in the future, and we need technology to preserve those we make."

Toni Baker

Commencement 2007

Diplomas were awarded to 666 students during MCG's 178th commencement ceremony May 11. Dr. Steven Wartman, president and chief executive officer of the Association of Academic Health Centers, counseled the graduates during his commencement address to dedicate their careers to professionalism and a commitment to patients' individual needs. Dr. Glen Iannucci, who received his medical diploma during the ceremony, also received MCG's 2007 John F. Beard Award for Compassionate Care. The $25,000 award, endowed by William Porter "Billy" Payne and wife Martha, rewards caring and compassion in health care.



DR. STEVEN WARTMAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, ASSOCIATION OF ACADEMIC HEALTH CENTERS

DR. GLEN IANNUCCI RECEIVES MCG'S 2007 JOHN F. BEARD AWARD FOR COMPASSIONATE CARE

Nursing School Speaks Out About Health Literacy

Edyth Martin calls it "talking in plain English."

As the primary caretaker for her 14-year-old grandson, Joey Wilson, who has multiple health problems, she knows the importance of health literacy.

She is the one who takes Joey to physician visits at MCG's Children's Medical Center.

"At first, they would talk over my head," she says of the seemingly endless trail of doctors who've treated Joey. "I got to be known as Grandma and I'd always tell them, 'Talk to me in plain English so I'll know what I've got to do when we leave here.'"

"THEY TAUGHT ME EVERYTHING THAT A NURSE WOULD HAVE TO KNOW. JOEY TAKES SEVERAL MEDICATIONS FOUR TIMES A DAY. I HAVE TO KNOW WHAT MEDICINE GOES WITH WHAT MEDICINE AND THE EXACT AMOUNTS OF THE DOSE. THE DOCTORS WORKED WITH ME TO FIGURE OUT A SCHEDULE."
–EDYTH MARTIN

Joey has a seizure disorder, scoliosis, severe cerebral palsy and mental retardation—just a few of the lasting results from a brutal attack on his mother when she was nine months pregnant. He has survived 11 major surgeries in his short life and requires a feeding tube and supplemental oxygen 24 hours a day.

Joey requires constant care that can include anything from suctioning the reservoir at the base of his spine to simply knowing his medicine schedule to cleaning his naval where the tube that feeds him connects. Mrs. Martin does it all, something she says wouldn't have been possible without health care providers explaining things in terms she could understand.

"They taught me everything that a nurse would have to know," she says. "Joey takes several medications four times a day. I have to know what medicine goes with what medicine and the exact amounts of the dose. The doctors worked with me to figure out a schedule."

"She sought out clarification in communications about her grandson," says Dr. Gayle Bentley, assistant professor of biobehavioral nursing at MCG. "A lot of people wouldn't do that. Navigating the health care environment is a challenge for most Americans. Low health literacy presents complex issues for individuals and families, and can be barriers to getting the best health outcomes."

The MCG School of Nursing has incorporated health literacy education into its curriculum to

EDYTH MARTIN WITH GRANDSON JOEY

ensure that Mrs. Martin represents the rule and not the exception.

"It's a problem that needs to be addressed at all levels," Dr. Bentley says. "It should start with awareness from providers and should also be an essential concept in the education of health professionals. It is a concept critical to patient- and family-centered care and it should be important to everyone involved in health promotion, disease prevention and heath care delivery."

Put simply, says Dr. Bentley, people need to understand often complicated health diagnoses and treatment plans.

"Health care providers need to communicate in plain language, and that includes both verbal and written communication," she says. "Health literacy skills are needed for a wide variety of things, including dialogue with health care providers, reading health information, making decisions about treatments, carrying out medical treatments—such as tube feedings—calculating timing or the dosage of medicines and even choosing to get screenings for chronic conditions."

Studies suggest that while individuals with limited health literacy come from all walks of life, the problem is greater among people with general literacy issues—older adults, people with limited education and those who speak English as a second language.

"All of the research indicates that even people who are well-educated and fully literate have problems understanding health-related terms," Dr. Bentley says.

And it can be a complex problem.

According to the American Medical Association, poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level and race."

For example, a person who has trouble reading a medication label might take it erratically, which could cause future health problems.

The Institute of Medicine reports that 90 million people in the United States have difficulty understanding and using health information.

The key to addressing the issue, Dr. Bentley says, lies in increasing literacy rates in the community and ensuring that future health care professionals understand and address the relationship between health literacy, clear communication and health outcomes.

Jennifer Hilliard

Welcome Home!

Hundreds of alumni visited campus April 26-28 for Homecoming 2007. Events included reunion dinners, a dance, continuing-education courses, a boat tour along the Augusta Canal, a cookout and many more festivities for alumni, faculty and students of all five schools. Distinguished Alumni Award recipients were Dr. Emily Craig in the School of Allied Health Sciences; Dr. Clark M. Carroll in the School of Dentistry; Dr. Laura L. Murphy in the School of Graduate Studies; Drs. Walter Brown Jr. and Arthur Carroll Fleischer in the School of Medicine; and Drs. Maggie T. Dorsey and Susan Simmons in the School of Nursing.

HOMECOMING 2007

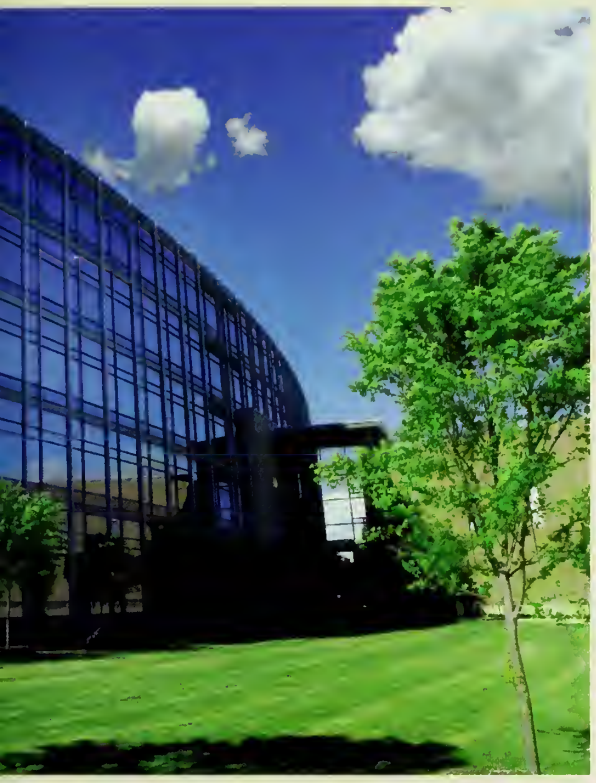
Oral Health: Crest Oral-B
Georgia Dental Association
MCG Alumni Association
ASDA
CLINIC DAY
Medical College of Georgia
School of Dentistry

RIBBON-CUTTING OF HEALTH SCIENCES BUILDING

Building for the Future

MCG Cuts Ribbon on Health Sciences Building

A standing-room-only crowd joined dignitaries representing the community, state and University System of Georgia for the Jan. 19 ribbon-cutting of MCG's $34 million, 189,000-square-foot Health Sciences Building. The building, featuring state-of-the-art laboratories and classrooms, houses the School of Nursing and the School of Allied Health Sciences Departments of Biomedical and Radiological Technologies, Physical Therapy, Physician Assistant, Occupational Therapy and Respiratory Therapy. Highlights of the ceremony included tours of the Occupational Therapy Community Integration Suite, which features driving and worksite simulators; physical therapy labs and clinics to analyze body motions; and a nursing learning resource center to practice skills such as cardiac monitoring and chest compressions on patient simulators.



SCHOOL OF NURSING PULMONARY DIAGNOSTICS LABORATORY

STANDING ROOM ONLY

SCHOOL OF NURSING

BIOMEDICAL AND
RADIOLOGIC TECHNOLOGIES

PHYSICAL THERAPY

PHYSICIAN ASSISTANT

OCCUPATIONAL THERAPY

RESPIRATORY THERAPY

SCHOOL OF NURSING LEARNING RESOURCE CENTER

SCHOOL OF ALLIED HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES DRIVING SIMULATION CENTER

COMMUNITY INTEGRATION SUITE

DEDICATION OF A SILVER PUNCH LADLE TO THE SCHOOL OF NURSING FROM THE CLASS OF 1958

DEDICATION OF THE MISHOE LIBRARY IN HONOR OF SCHOOL OF ALLIED HEALTH SCIENCES DEAN SHELLEY MISHOE

Tradition of Giving a 'Family' Affair

Some families aren't born that way. They become one by a shared dedication and passion, brought together by an intense enthusiasm for teaching, learning and helping others. So it is at MCG's School of Allied Health Sciences.

It starts at the top.

The school has had but three deans in its 39-year history. They may not share a bloodline, but they certainly share a heart line.

"We are a family," declares Dr. Biagio Vericella, noting that the line begins with founding Dean Raymond C. Bard, who passed the reins to him in 1988. Dr. Vericella, in turn, passed the role to Dr. Shelley Mishoe in 2002. Drs. Vericella and Mishoe were recruited from within the school's ranks, having been nurtured by its commitment to an excellent education for outstanding students.

"Dr. Bard set the standard here with his student-oriented approach," says Dr. Mishoe. "Biagio and I carried through with that tradition. It's always been our vision to have cream-of-the-crop graduates and faculty."

Dr. Vericella concurs. "We have always been highly respected by the accrediting bodies for all our disciplines; coming here, you knew that we were turning out the best student possible," he says with a quiet passion. "Everybody we hired, it was clear that was the goal."

That vision extends to faculty and staff.

"We all three believed," he continued, "that if we always went after the best people possible, we would have the best programs. And now, with the new Health Sciences Building, we have the best facilities."

Dr. Bard passed away in 2003, but Drs. Mishoe and Vericella keep in close touch with his widow, Helen. She joined them for the groundbreaking ceremony and the official dedication of the new building Jan. 19. Among the activities that day were dedications of the Raymond C. Bard Student Lounge, the Mishoe Library to support the Department of Respiratory Therapy and the Vericella Library and Resource Center in support of the Department of Biomedical and Radiological Technologies. The naming of the rooms honors not only the deans' service to MCG, but their commitment to MCG's financial vitality.

DRS. SHELLEY MISHOE AND BIAGIO VERICELLA WITH MRS. RAYMOND BARD, CENTER

"The School of Allied Health Sciences was like a family to me and my wife, and I wanted to give back for 28 wonderful years," says Dr. Vericella of his $10,000 donation over time.

Of her like donation, Dr. Mishoe remarks, "My academic career started in the respiratory therapy department, which I chaired for 12 years. I wanted to do something for the program that has meant so much to me as a tangible way to say thank you. The library was a fitting choice because of my love for learning and appreciation of good writing. It is a special place for me and I hope for our students, too."

The Bard family chose to make a one-time $25,000 donation. "Ray was so dedicated to his students, he really was," says Mrs. Bard. "I know he loved the school; he was certainly dedicated to it. The dedication was just wonderful. I think Ray would have smiled on it."

Sharron Walls

INFORMATION IN THIS ARTICLE IS NOT INTENDED AS LEGAL ADVICE. FOR LEGAL ADVICE, PLEASE CONSULT AN ATTORNEY. TAX LAWS ARE SUBJECT TO CHANGE.

Supporting Today's Students and Residents

Hundreds of alumni gathered on campus recently to celebrate Homecoming 2007, a great time to reflect on the long, hard and often expensive road to becoming a health care professional.

I hope you were among their ranks. If so, perhaps you took the time to recall your personal challenges associated with financing a college education. Were you a scholarship recipient? Did an endowment enrich your educational experience?

As you recall your experiences at MCG, I ask that you think about the needs of our current students and residents.

Planned gifts are an excellent way to directly support MCG students. Here are three ways to combine your charitable goals with educational needs and objectives:

1. Scholarship endowments: Scholarships can be awarded based on academic merit or financial need. You may set up a scholarship fund to finance all or part of a student's tuition. The number of current private scholarships offered is minimal, so gifts in this area have tremendous impact on deserving students.

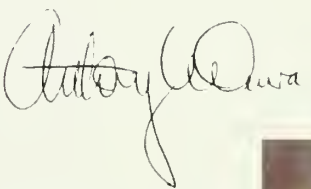
2. Residency endowments: Residents are encouraged to conduct research, present papers and attend conferences—potentially significant strains on their modest salaries. Endowments can help offset travel costs and provide financial awards to residents whose research has been recognized by the conference's supporting organization.

3. Specific-use endowments: You can create an endowment to support research, facilities and equipment, which are essential to continued academic excellence. These endowments can be structured to meet the most urgent needs of MCG in general, or a specific department or program. Perhaps you'd like to help renovate a classroom or laboratory, or financially support one of our libraries.

Funding an endowment creates a dynamic and ongoing relationship between you and your alma mater—a relationship that will directly affect our students and residents. Thoughtful and effective long-term financial planning can reap countless benefits for future generations of students and residents.

Today's students are tomorrow's health care professionals. Please consider lending them a hand.

Sincerely,



Anthony (Tony) Duva
Associate Vice President for Gift Planning
800-869-1113
aduva@mcg.edu

Options for Remembering MCG in Your Will

- A BEQUEST OF A FIXED DOLLAR AMOUNT.
- A PERCENTAGE OF YOUR ESTATE, ALLOWING YOU TO KEEP THE DIVISION OF THE ESTATE RESIDUE IN DESIRED PROPORTIONS REGARDLESS OF ITS SIZE.
- A CONTINGENT GIFT IN WHICH FUNDS GO TO MCG IF A DESIGNATED BENEFICIARY PREDECEASES YOU.
- A TRUST THAT PAYS INCOME TO A DESIGNATED INDIVIDUAL FOR LIFE, WITH THE REMAINING PRINCIPAL TO BE GIVEN TO MCG THEREAFTER.
- A GIFT IN MEMORY/HONOR OF YOURSELF, YOUR FAMILY OR A PERSON YOU HAVE LOVED OR ADMIRED.

News MAKERS

David E. Adams, director of the Anatomical Donation Program, has been named a senior board member of the Georgia Academy of Embalmers. The academy establishes state regulations for continuing education for embalmers.

Dr. Abiodun Akinwuntan, assistant professor of physical therapy, has been appointed to the Transportation Research Board's Committee on Simulation and Measurement of Vehicle and Operator Performance. The board is a division of the National Research Council, a nonprofit institution that advances science and technology. Dr. Akinwuntan researches high-fidelity driving simulation for neurologically impaired patients.

Dr. Michael Bergeron, assistant professor of physical therapy, will serve a three-year term as a consultant to the Executive Committee of the American Academy of Pediatrics Council on Sports Medicine and Fitness. The council works with pediatric health care providers to encourage optimal and safe exercise for children.

James A. Bishop, with The Bishop Law Firm in Brunswick, Ga., has been appointed by Gov. Sonny Perdue to represent the first Congressional district on the University System of Georgia Board of Regents.

Dr. Peter F. Buckley, chair of the Department of Psychiatry and Health Behavior, has been named the Georgia Psychiatric Physicians Association's Psychiatrist of the Year. He also will serve on a National Institute of Mental Health Data and Safety Monitoring Board, optimizing safeguards for research participants and monitoring clinical trials.

Jimel Carpenter, an MCG Health, Inc. nuclear medicine technologist, has been elected to a four-year term on the Nuclear Medicine Technology Certification Board. He is one of 14 directors providing insight and leadership to the organization that certifies more than 20,000 U.S. nuclear medicine technologists.

Dr. Robert S. Crumrine, Chair Emeritus and Professor Emeritus of Anesthesiology, has received the Crawford W. Long Award from the Georgia Society of Anesthesiologists. The award, named for the originator of the medical use of anesthesia, recognizes contributions to the society.

Michael Dixon, vice president of professional services for MCG Health, Inc., has been named a fellow of the American College of Healthcare Executives.

Kenneth Echols, manager of MCG Health System's Family Medicine Center and Pain Management, has been appointed to a one-year term on the Georgia Association of Healthcare Executives Civics Committee.

Dr. Ali Eroglu, co-director of the Human Cord Blood Stem Cell Core Facility, will serve a one-year term on the editorial board of *Biology of Reproduction*, the journal of the Society for the Study of Reproduction.

Dr. Ruth-Marie E. Fincher, vice dean for academic affairs in the School of Medicine, has been elected to a two-year term as an at-large member of the National Board of Medical Examiners Executive Board. She also has been named to the newly established Oversight Committee of *Academic Medicine*, the journal of the Association of American Medical Colleges.

Ann Hayes, nurse manager of perioperative services for the Children's Medical Center, has been named a reviewer for the *Journal of PeriAnesthesia Nursing*, the official publication of the American Society of PeriAnesthesia Nurses.

Dr. C. Alvin Head, chair of the Department of Anesthesiology and Perioperative Medicine, has been elected vice president of the Academy of Anesthesiology. His unanimous election puts him in line to become first vice president-elect in 2009 and president in 2010.

Dr. Wayne Herman, interim chair of the Department of Oral Diagnosis, has been elected president of the American Academy of Oral Medicine. The academy promotes knowledge regarding medical aspects of dentistry.

Dr. Crystal Hill-Pryor, a postdoctoral fellow in the Department of Physiology, was one of 38 under-represented minority students and scientists nationwide to receive an American Physiological Society travel fellowship to attend an Experimental Biology conference April 28-May 2 in Washington, D.C.

Dr. Joseph Hobbs, chair of the Department of Family Medicine and vice dean for primary care and community affairs in the School of Medicine, has received the 2007 Recognition Award from the Society of Teachers of Family Medicine. The award honors outstanding contributions to family medicine and a national impact on family medicine education.

Dr. Laura Irwin, assistant professor of medicine, has been named to the Council on Resident Education in Obstetrics and Gynecology Education Committee. The council addresses the needs of residency program directors and promotes excellence in residency education.

Tim Johnson, MCG videographer, has received a bronze Telly Award for a video, *If Given the Opportunity: The Rural Health Project*, about a grant introducing allied health students to rural career opportunities. Mr. Johnson filmed and directed the video, which was co-produced by Dr. W. Kent Guion, associate dean for academic affairs in the School of Allied Health Sciences.

Dr. Sajitha Kalathingal, assistant professor of oral diagnosis, has been named a fellow for the summer session of the Governor's Teaching Fellows Program. The program provides Georgia's higher-education faculty with opportunities for developing important teaching skills.

Dr. Iqbal Khan, assistant dean of the School of Medicine's Southwest Georgia Clinical Campus in Albany, Ga., has been elected to the board of the Health Care Ethics Consortium of Georgia. The 12-member board brings ethnical analysis to patient care and organizational issues.

Dr. Elena V. Khasanshina, associate director for research and technology in the Center for Telehealth, is among 30 young medical school faculty nationally selected for a fall 2007 National Library of Medicine Course in Medical Informatics.

Dr. Brian Kirkpatrick, vice chair of the Department of Psychiatry and Health Behavior, will help review the "Schizophrenia and Other Psychotic Disorders" section for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The manual, published by the American Psychiatric Association, is a reference for mental health professionals nationwide and beyond.

Dr. D. Scott Lind, chief of surgical oncology, has received an Outstanding Teaching Award from the Association for Surgical Education. The national award is presented annually to up to four individuals involved in surgical education.

Sandra McVicker, senior vice president of patient care services and chief nursing officer of MCG Health, Inc., has been named to a three-year term on the CNO Council Steering Committee of the University HealthSystem Consortium. The council is an advisory group that determines initiatives undertaken by the consortium.

Dr. Kalu U.E. Ogbureke, assistant professor of oral and maxillofacial pathology, has received the first Neal W. Chilton Fellowship in Clinical Research from the American Association for Dental Research. The fellowship helps dental clinical faculty further their training in clinical research.

Mary Anne "Mimi" Owen, director of the School of Allied Health Sciences' Nuclear Medicine Technology Program, has been named Outstanding Educator of the Year by the Society of Nuclear Medicine.

Dr. Stephen C. Peiper, chair of the Department of Pathology and Edgar R. Pund Distinguished Professor, has received the 2007 Clinical Ligand Assay Society's Distinguished Scientist Award in Basic Research. His research focuses on chemokine receptors involved in HIV infection, inflammatory disease and cancer metastasis.

Dr. David M. Pollock, a professor in the Vascular Biology Center, has been elected to a three-year term on the 12-member governing Council of the American Physiological Society. He was also named associate editor of the society's *American Journal of Physiology*: Regulatory, Integrative and Comparative Physiology.

Dr. Jeffrey Rausch, professor and Case Distinguished Chair in Psychiatry, has been inducted in the American College of Neuropsychopharmacology. The organization, limited to approximately 700 leading scientists, aims to better understand brain disorders and behavior and advance the prevention and treatment of those disorders.

Dr. Max Stachura, director of the Center for Telehealth and Georgia Research Alliance Eminent Scholar in Telemedicine, has been named an associate editor of the new *International Journal of Telemedicine Application*, an open-access journal.

Dr. David J. Terris, chair of the Department of Otolaryngology-Head and Neck Surgery, has been named a member of the International Association of Endocrine Surgeons. Dr. Terris, the Porubsky Distinguished Professor in Otolaryngology, is an innovator in minimally invasive approaches for thyroid and parathyroid disorders.

Richard L. Tucker has been appointed to a three-year term on the MCG Health, Inc. Board of Directors, succeeding Tim Shelnut. Mr. Tucker is the principal and managing partner of Arlington Capital LLC, a mezzanine lending fund. He is a member of the University System of Georgia Board of Regents.

New FACES

Dr. Scott S. DeRossi, chair of oral diagnosis, comes to MCG from the University of Pennsylvania School of Dental Medicine, where he was an assistant professor of oral medicine, assistant dean for admissions, director of graduate dental education and director of the oral medicine residency program.

Dr. Sunita Dodani, assistant dean of research in the School of Nursing, earned her medical degree from The Aga Khan University, where she also completed a postdoctoral fellowship, and a master's degree in clinical epidemiology from Dalhousie University in Nova Scotia. She also earned a global health certificate and doctorate in epidemiology from the University of Pittsburgh.

J. Scott Dwyer, director of internal audit at MCG Health, Inc., comes to MCG from the DeKalb Medical Center in Decatur, Ga., where he served in a similar capacity. He earned an M.B.A. in accounting from the University of Buffalo.

James Graham, director of food and nutrition for MCG Health, Inc., has more than 25 years of experience in health care, most recently as senior general manager of multi-services at Harvard Medical School-affiliated Beth Israel Deaconess Medical Center.

Dudley Harrington, vice president for managed care/revenue cycle for MCG Health, Inc., previously directed managed care services at McLeod Health in Florence, S.C. He earned a bachelor's degree in accounting and a master's degree in business administration from Frances Marion University. He also holds a certificate in health care administration from the Medical University of South Carolina.

Dr. Janie Heath, associate dean for academic nursing practice in the School of Nursing, is a nurse practitioner with nearly 20 years of experience who earned a bachelor's degree in nursing from Cameron University, a master's degree in nursing from the University of Oklahoma and a doctorate from George Mason University.

Clifton Iler, associate general counsel for MCG Health, Inc., served for 16 years as a member of Alton & Bird, LLP of Atlanta, specializing in product liability, medical malpractice and health care litigation.

Dr. Andrew Kious, assistant professor of oral rehabilitation, joined the faculty after retiring as a colonel/deputy commander of the U.S. Air Force. He earned his dental degree from the University of Iowa.

William T. McArdle, emergency management program coordinator, is a former FBI agent and police chief for the Port Authority of Allegheny County in Pittsburgh. He will develop a campuswide plan to respond to natural and manmade disasters.

Michael Spake, director of corporate compliance and privacy for MCG Health, Inc., was previously the compliance director and HIPAA privacy officer for Bon Secours Richmond Health System in Richmond, Va.

ALLIED HEALTH SCIENCES

Jody Sjogren *(medical illustration, '80)*, Columbus, Ohio, works as an artist with Metamorphosis Studios and contributes to IDarts.com. She earned an undergraduate degree from Colorado State University and has a background in aviation.

Brad Humphrey *(physical therapy, '96)* is vice president of operations with Innovative Therapy Concepts in Macon, Ga. He oversees operations for ITC and Sapp's Physical Therapy branches throughout middle Georgia. He joined the company in 2002.

Jenny Wisham *(physical therapy,'06)*, Athens, Ga., works with East Athens Physical Therapy in the East Athens and Lake Oconee/Greensboro locations.

OBITUARIES

Regina Frost Minshew *(occupational therapy, '82)* died Oct. 29, 2006 after a brief illness. She is survived by her husband, Frank, and two sons, Whit and Dustin, all of Milledgeville, Ga. Ms. Minshew was a well-respected occupational therapist who had worked at Central State Hospital in Milledgeville since 1982.

DENTISTRY

Dr. Jay Dallas *('78)* was the keynote speaker at Darton College's May 4 commencement ceremony.

Dr. Gary L. Pool *('85)*, an orthodontist in Warner Robins, Ga., is president-elect of the Georgia Association of Orthodontists. He completed an orthodontics residency at the University of Tennessee.

Dr. Diane Pennington *('91)*, Kingsland, Ga., has opened Camden Oral Surgery, P.C. in Kingsland.

Dr. Adam R. White *('04)* has joined Dr. Lee Hershon in his Mount Pleasant and North Charleston, S.C., orthodontics practices.

Dr. Thomas Field, who completed his orthodontics residency at MCG in 1976, has received the Southern Association of Orthodontists Citizenship Award, presented during the association's annual meeting in Destin, Fla. He is a member of the American Association of Orthodontists, the American Dental Association, the Georgia Dental Association and the Northern District Dental Society.

OBITUARIES

Dr. Michael T. Rainwater *('77)*, the American Dental Association's Fifth District trustee and a general dentist from Peachtree City, Ga., died Dec. 22 at age 54. He was one of four trustees on the ADA Foundation Board of Directors, a past president of the Georgia Dental Association and past editor of the GDA journal, *GDA Action*. He was a past president of the South Metro (Atlanta) Dental Study Club and a past trustee and member of the executive council of the Northern District Dental Society of Metro Atlanta. He was a past chair of the ADA Council on Dental Practice and a former member of the editorial board of *The Journal of the American Dental Association*. He was a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.

Dr. R. Hunter Rackley Sr., a founding School of Dentistry faculty member, died April 18 at age 85. He served as a Navy dental officer during World War II before returning to his hometown of Millen, Ga., where he practiced for more than 45 years. Survivors include four sons, two daughters and 15 grandchildren.

ALUMNI

For the Record

We'd like to hear from you! To help us keep you up to date on what's happening at the Medical College of Georgia, please keep us up to date on what's happening with you. Please send this information to:

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MEDICINE

Dr. Richard Stewart *('60)*, Doraville, Ga., has been semi-retired since 2001 and works for the Georgia Department of Corrections and Georgia Department of Juvenile Justice. His career has included medical missionary work in Central and South America, private obstetrics/gynecology practices in Americus, Ga., and Decatur, Ga., and work at the Birthing Center in Douglasville, Ga.

Dr. William J. Cone *('62)*, Johnston City, Tenn., a retired obstetrician/gynecologist, has written a book, So You're Retiring ... A Guy's Guide to Being at Home (Seaboard Press, 2006). He has had essays, critiques and profiles published in several magazines. Dr. Cone enjoys writing, reading, gardening, playing tennis and collecting first editions.

Dr. Harvey Ouzts *('71)*, Athens, Ga., is earning a bachelor's degree in English at the University of Georgia after retiring from his 30-year cardiology practice in 2006.

Dr. Patrick E.T. Godbey *('79)*, St. Simons Island, Ga., has been appointed by Georgia Gov. Sonny Perdue to the Commission on Men's Health. Dr. Godbey is chief executive officer of Southeastern Pathology Associates. He is a fellow and inspector for the College of American Pathologists, a fellow of the American College of Obstetricians and Gynecologists, a delegate for the Medical Association of Georgia, a member of the Georgia Association of Pathologists and a past president of the Glynn County Medical Society.

Dr. David M. Hagins *('81)* practices gynecology in Elberton, Ga., and conducts gynecology clinics at Wills Memorial Hospital's Specialty Clinic. He is certified by the American Board of Obstetrics/Gynecology. Originally from Savannah, Ga., he recently returned to Georgia after practicing in the Carolinas for most of his career.

Dr. J. Dale Browne *('82)*, Winston-Salem, N.C., an otolaryngologist and head/neck surgeon, has been named James A. Harrill Professor and Chair of the Wake Forest University School of Medicine Department of Otolaryngology.

Dr. Samuel Johnson *('82)* is executive director of medical affairs for Houston Medical Center in Warner Robins, Ga. He serves as an advisor and liaison to the medical staffs and chiefs of staff of Houston Medical Center and Perry Hospital and oversees the quality resource management, infection control, employee health, health information management, risk management, social services and utilization review functions of the organization. He previously served as medical director of Tanner Health System in Carrollton, Ga.

Dr. Chip Bragg *('83)*, Thomasville, Ga., has co-authored a book chronicling gunpowder production during the Civil War, specifically at the Confederate Powder Works in Augusta, titled Never for Want of Powder (University of South Carolina Press, 2007). Illustrated with 74 color plates and 50 black-and-white photographs and drawings, the book tells the story of a world-class munitions factory constructed by the Confederacy in 1861, the only large-scale permanent building project undertaken by a government often characterized as lacking modern industrial values.

Dr. Elizabeth Delesante *('84)*, Brainerd, Minn., practices psychiatry at the Central Lakes Medical Clinic in Crosby, Minn. To optimally serve this rural, underserved area, she strives to see patients within a week, stabilize them and follow up through collaboration with primary-care physicians.

Dr. Jeff D. Williamson *('86)*, Winston-Salem, N.C., has been named head of the Section on Gerontology and Geriatric Medicine in the Wake Forest University Department of Internal Medicine. His role includes leading clinical programs for aging adults that are part of the J. Paul Sticht Center on Aging and Rehabilitation. Dr. Williamson also directs the Roena Kulynych Center for Memory and Cognition Research. He earned a master's degree in clinical epidemiology from the Johns Hopkins University, where he also completed fellowships in geriatric medicine and epidemiology. He is board certified in internal medicine and geriatric medicine.

Dr. Thomas Muller *('87)*, Thomasville, Ga., has been named team physician for the U.S. Aerobatic Flying Team for the World Aerobatic Championship, an Olympic-level aviation event, in Europe this summer.

Dr. M. Michelle Berrey *('93)*, Princeton, N.J., has been named chief medical officer of Pharmasset, a clinical-stage pharmaceutical company that discovers, develops and commercializes drugs to treat viral infections. Its primary focus is oral therapeutics to treat hepatitis B virus, hepatitis C virus and human immunodeficiency virus.

Dr. Marc-Andre Chimonas *('00)*, practices at the Arnot Health Center for Occuaptional and Environmental Medicine in Elmira, N.Y., and is certified by the American Board of Preventive Medicine in occupational medicine. After earning his medical degree, he completed a family practice internship at the University of North Carolina Hospitals and residencies in preventive medicine at Loma Linda University Medical Center in California and Duke University Hospital in Durham, N.C.

Dr. Barbara S. Cuddleback *('02)* provides adult outpatient psychiatric care at the Watson Clinic South in Lakeland, Fla. She completed an internship and residency in psychiatry at the University of Toledo in Ohio and received a 2005 Geriatric and Community Service Award in Toledo.

Dr. Brian Wysong *('03)*, Charlotte, N.C., has joined the South Point Family Practice and is board certified in family practice.

Dr. Adam S. Gant, who completed an ophthalmology residency at MCG, has joined Watson Clinic at its main clinic in Lakeland, Fla. He is certified by the American Board of Ophthalmology.

OBITUARIES

Dr. William Frank McKemie *('41)*, Avondale Estates, Ga., died Dec. 5 in Atlanta at age 88. He was born in Fort Gaines, Ga., and graduated from MCG after earning a bachelor of science degree from the University of Georgia. He served in the European Theater in the U.S. Army from 1942-46, then practiced in Albany for 33 years with his uncle, Dr. H. Marvin McKemie ('29). He was a staff physician at the Georgia Mental Health Institute in Atlanta from 1980-86. He served on the MCG Foundation Board of Directors and State Board of Health. He was a past chair of the Dougherty County Medical Society. Survivors include wife Betty and son W. Frank McKemie Jr. ('78).

Dr. John R. Turner *('44)*, LaGrange, Ga., died Jan. 23 in his home. He was 87.

Dr. William L. Bridges Jr. *('46)*, Tifton, Ga., died May 24. Dr. Bridges, Tifton's first pediatrician and one of the community's most respected physicians, was 83.

Dr. Henry B. Hearn III *('47)*, Anderson, S.C., died March 24 at age 82. He practiced pediatrics at the Children's Clinic of Anderson, PA for 40 years with Dr. Colquitt Sims Jr. He was a member of St. John's United Methodist Church, the Anderson YMCA and the American Legion. He was a charter member of the Anderson School of Theology. Survivors include his wife, Sylvia Parker Hearn; two sons, Dr. Henry B. Hearn IV and Gary Parker Hearn; daughter Mary Jane Hearn-Diseker; and five grandchildren.

Dr. Charles H. Edwards *('61)* died Feb. 12.

Dr. Gerald Bruce Muller *('62)*, Thomasville, Ga., died Feb. 22 at age 70. He practiced obstetrics/gynecology in Thomasville for 30 years and was a fellow of the American College of Ob/Gyn. He had recently received a Bachelor of Biblical Studies degree from Calvary Chapel Bible College. Survivors include sons Thomas Muller ('87), Gerald Muller Jr. and Matthew Robert Muller; grandchildren Thomas Muller Jr., Jason Muller and Alex Muller; and sisters Janet Terry and Judith Muller.

NURSING

Cyd Cadena *(B.S.N., '76 and M.S.N., '77)* is vice president of clinical services at Baptist Hospital in Pensacola, Fla. Ms. Cadena, who has worked for Baptist Health Care for more than 25 years, manages imaging, radiology, laboratory, cardiology and radiation therapy services and cardiovascular and oncology service lines. She is a health care consultant for the Baptist Leadership Institute.

Dr. Diana Ellis Conco *(M.S.N., '79)*, Bristol, Va., is on the nursing faculty of King College in Bristol. She earned a Ph.D. in nursing science in 1993 from the University of South Carolina. Her specialties include research in elder care and spiritual care; Web teaching; and stress reduction in nursing curricula. She and her husband have a son, Spencer, who is a University of Kentucky graduate.

Dana Murphy-Parker *(B.S.N., '84)* has been named an assistant lecturer in the University of Wyoming College of Health Sciences. She earned a master's degree in nursing from the University of Colorado.

Roberta Rogers *(B.S.N., '85)*, Murfreesboro, Tenn., has been named director of surgical services for Middle Tennessee Medical Center. She earned a master's degree in health services administration from the University of St. Francis. Ms. Rogers is a member of the Association of Perioperative Room Nurses and immediate past president of the association's Chattanooga chapter.

D. Ryan Pahl *('03)* is earning a master's degree in pediatric nursing at Georgia State University and hopes to become a licensed pediatric nurse practitioner after taking the state board exam. He is employed in the pediatric emergency room at Children's Health Care of Atlanta and is engaged to Jennifer Plourde of Athens, Ga.

Reflections

President Reflects on his Journey from the North Carolina Mountains to MCG Health System

by MCG President Daniel W. Rahn

This was to be the year, the year I finally took some time away from the office and relaxed. My wife, Lana, and I had planned three weeks of vacation over the months of June and July; this was the first of those weeks, and we were spending it at our home in the mountains.

I thought I was relaxing, but apparently I was driving Lana nuts. At breakfast, she told me exactly that: "Dan, you're driving me nuts." She wondered why I couldn't simply sit down and hold still. I explained patiently, for the 1,000th time, that—for people like me—being in motion *was* relaxing. So she sat down to paint (her hobby), and I got up to trim weeds, spread mulch and cut up dead limbs (my hobby).

An hour later, deep into my relaxation, I slipped on some wet leaves in the woods next to our house, heard a pop in my left knee, felt faint and eased myself to the ground. I called for Lana and, trying to maintain my state of relaxation, told her I needed an ambulance.

I knew something was seriously wrong. I could see my femoral condyles, parts of the knee joint usually hidden by the kneecap. I couldn't straighten my leg, and I couldn't stand. But I'm an incorrigible optimist. I convinced myself I had probably simply dislocated my patella.

Lesson #1: Painting is far better for your health than clearing brush.

My accident occurred in Highlands, N.C., in the woods next to the Nantahala National Forest. The ambulance arrived 40 minutes after Lana's call. The crew used a backboard to get me from the woods on the side of mountain into the ambulance. It all went smoothly with the help of my next-door neighbor, but I was convinced they were going to drop me.

The ride to Highlands/Cashiers Hospital was an adventure in its own right—winding, bumpy roads. The golden hour for survival following major trauma had expired long before I arrived at this critical access hospital. I received expert care from a nurse who holds an M.B.A. from Duke University, an orthopedist, and an anesthesiologist who is an MCG graduate. Before my diagnosis was established, I called my friend and colleague, Dr. Monte Hunter, MCG director of sports medicine. I just wanted to hear his voice. When he talked to me, I felt better.

Lesson #2: Relationships in health care matter.

THE ARTWORK LANA RAHN WAS PAINTING AT THE TIME OF HER HUSBAND'S INJURY.

DR. RAHN, PRE-WOUNDED KNEE

Despite my optimism about my injury, I had not simply dislocated my patella. I had a complete avulsion of my left quadriceps from its insertion on the superior aspect of the patella. I had torn the muscles that connect the upper part of my left leg to my knee. The pain was significant, even after 6 milligrams of morphine, and I was on pre-surgical Nil Per Os status—nothing by mouth. Our issues suddenly became logistical.

Lana had followed the ambulance to the hospital, but our car wouldn't allow me to keep my knee extended for the long ride back to Augusta. Our two dogs were still in the house, which we hadn't locked. Lana drew the short straw, so she got to drive home with the dogs and, although I could have been operated on in Highlands, I was going to need a medical transport, either now or after surgery.

I again called on friends and colleagues, this time in MCG Health, Inc., administration (Don Snell, Rich Bias, Sandi McVicker and, most importantly, Terri Pryor), who arranged hospital-to-hospital transfer using our helicopter service. Under different circumstances, this would have been quite an enjoyable ride over the North Carolina mountains.

Lesson #3: It takes health professionals and hospitals working together to create a health system.

When I arrived on campus, Monte—that stabilizing voice on the phone—determined that, by examination at least, nothing else was wrong with my knee but ordered an MRI to confirm. The MRI went smoothly. I was in a bed on 4W by mid-evening with plans for surgery to reattach the quad tendon at 7:30 the next morning. Did I need to stay in the hospital? Everyone agreed it would be best, particularly since Lana (remember Lana and the dogs?) was still driving back to Augusta.

Dr. Jim Mayfield, vice chair of our Department of Anesthesiology and Perioperative Medicine, met me at 6:30 a.m. for surgery. We talked about hiking, the slot canyons at Zion National Park, the dangers of doing things solo in the wilderness, his hobby of wilderness photography and his recommendations for anesthesia and post-operative pain management.

Before he put me to sleep, he suggested I think "happy thoughts" as that has a positive impact on the outcome. I received total intravenous anesthesia with a femoral nerve block for post-operative pain. No intubation, no post-op nausea and vomiting, clear-headed before I got to my room and minimal pain, with a working bladder and right leg. I was back on my Blackberry an hour after surgery. The two-hour surgery to repair the tear was a success, but, as the textbooks say, this is an extremely painful injury with a prolonged recovery period.

Lesson #4: No one wants average care and MCG does not provide it. We have great physicians, nurses, technicians and therapists. It takes a great team.

The afternoon of surgery, I was walking in a leg brace with crutches and the aid of a physical therapist, my femoral nerve block and patient-controlled analgesia pump securely in place. That evening, my nurse, Mark, paged the anesthesiology chief resident because my femoral nerve block site was leaking. He came promptly, in suit and tie. To check on me, he left a social event for his wife who just completed her pediatric residency at MCG...paged out.

Lesson #5: Plus ça change, plus c'est la même chose.

The next morning, my nerve block was discontinued, and my IV was pulled. Less than 24 hours after my surgery, I was shifted to oral analgesics and pointed toward a flight of stairs. With my physical therapist by my side, I made it. Fortunately or unfortunately, I am very experienced with crutches; this is not my first orthopedic adventure. I talked to Monte about what to expect in the way of recovery time. He is still letting me down easy. But he, like everyone else involved in my care, has emphasized that "in people my age," these things take time.

Lesson #6: I am not as young as I would like to believe.

My first night home was uneventful. Post-op day two, however, was not so hot. I struggled with side effects from the narcotics, which I promptly discontinued, but it took all day for nausea to subside. Amazingly, I have not needed any analgesics other than acetaminophen since 48 hours after surgery. This should not be taken as a sign of my bravery, for I do not have a stiff upper lip when it comes to pain. It attests to the quality of care I received. I had a follow-up visit with Monte in the MCG Sports Medicine Center on Monday, 96 hours post-op, and everything looked just fine.

As I write this column, back at the mountain house with Lana for the second of our relaxing vacation weeks, the drama is behind us. The flowers have come and wilted, the food baskets and prepared meals have been consumed, and I am entering the more prolonged period of recovery—six weeks in a brace with my knee out straight and then six months or more of rehabilitation. The silver lining is that I have become reacquainted with what our patients go through every hour of every day and with the tremendous expertise we take for granted at MCG—talented and caring people serving others in their time of need.

Lesson #7: I am reminded in a most personal way of what a great honor it is to serve as president of the Medical College of Georgia.

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Today
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Matchmaker, Matchmaker

EXUBERANCE WAS IN ABUNDANCE AS 179 SCHOOL OF MEDICINE SENIORS FOUND OUT DURING MATCH DAY 2007 WHERE THEY WILL COMPLETE THEIR RESIDENCIES. MOST WERE MATCHED WITH ONE OF THEIR TOP-THREE CHOICES.

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